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A cumulative list of the parts affected this month can be found in the Reader Aids section at the end of this issue.

Rules and Regulations

Federal Register
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Thursday, November 1, 2001

DEPARTMENT OF AGRICULTURE

Animal and Plant Health Inspection Service

7 CFR Part 301

[Docket No. 01–102–1]

Oriental Fruit Fly; Designation of Quarantined Area

AGENCY: Animal and Plant Health Inspection Service, USDA.

ACTION: Interim rule and request for comments.

SUMMARY: We are amending the Oriental fruit fly regulations by quarantining a portion of San Diego County, CA, and restricting the interstate movement of regulated articles from the quarantined area. This action is necessary on an emergency basis to prevent the spread of the Oriental fruit fly into noninfested areas of the United States.

DATES: This interim rule was effective October 26, 2001. We invite you to comment on this docket. We will consider all comments that we receive by December 31, 2001.

ADDRESSES: Please send four copies of your comment (an original and three copies) to: Docket No. 01–102–1, Regulatory Analysis and Development, PPD, APHIS, Suite 3C03, 4700 River Road Unit 118, Riverdale, MD 20737–1238.

Please state that your comment refers to Docket No. 01–102–1.

You may read any comments that we receive on this docket in our reading room. The reading room is located in room 1141 of the USDA South Building, 14th Street and Independence Avenue SW., Washington, DC. Normal reading room hours are 8 a.m. to 4:30 p.m., Monday through Friday, except holidays. To be sure someone is there to help you, please call (202) 690–2817 before coming.

APHIS documents published in the **Federal Register**, and related information, including the names of organizations and individuals who have commented on APHIS dockets, are available on the Internet at http://www.aphis.usda.gov/ppd/rad/webrepor.html.

FOR FURTHER INFORMATION CONTACT: Mr. Stephen A. Knight, Senior Staff Officer, PPQ, APHIS, 4700 River Road Unit 36, Riverdale, MD 20737–1231; (301) 734–8247.

SUPPLEMENTARY INFORMATION:

Background

The Oriental fruit fly, *Bactrocera dorsalis* (Hendel), is a destructive pest of citrus and other types of fruit, nuts, vegetables, and berries. The short life cycle of the Oriental fruit fly allows rapid development of serious outbreaks, which can cause severe economic losses. Heavy infestations can cause complete loss of crops.

The Oriental fruit fly regulations, contained in 7 CFR 301.93 through 301.93–10 (referred to below as the regulations), were established to prevent the spread of the Oriental fruit fly to noninfested areas of the United States. Section 301.93–3(a) provides that the Administrator will list as a quarantined area each State, or each portion of a State, in which the Oriental fruit fly has been found by an inspector, in which the Administrator has reason to believe the Oriental fruit fly is present, or that the Administrator considers necessary to regulate because of its proximity to the Oriental fruit fly or its inseparability for quarantine enforcement purposes from localities in which the Oriental fruit fly has been found. The regulations impose restrictions on the interstate movement of regulated articles from the quarantined areas. Quarantined areas are listed in § 301.93–3(c).

Less than an entire State will be designated as a quarantined area only if the Administrator determines that: (1) The State has adopted and is enforcing restrictions on the intrastate movement of regulated articles that are substantially the same as those imposed on the interstate movement of regulated articles; and (2) the designation of less than the entire State as a quarantined area will prevent the interstate spread of the Oriental fruit fly.

Recent trapping surveys by inspectors of California State and county agencies and by inspectors of the Animal and Plant Health Inspection Service (APHIS) reveal that a portion of San Diego County, CA, is infested with the Oriental fruit fly. The Oriental fruit fly is not known to exist anywhere else in the continental United States except in San Bernardino County, CA.

State agencies in California have begun an intensive Oriental fruit fly eradication program in the quarantined area in San Diego County. Also, California has taken action to restrict the intrastate movement of regulated articles from the quarantined area.

Accordingly, to prevent the spread of the Oriental fruit fly to other States, we are amending the regulations in § 301.93–3 by designating a portion of San Diego County, CA, as a quarantined area for the Oriental fruit fly. The quarantined area is described in the rule portion of this document.

Emergency Action

This rulemaking is necessary on an emergency basis to prevent the Oriental fruit fly from spreading to noninfested areas of the United States. Under these circumstances, the Administrator has determined that prior notice and opportunity for public comment are contrary to the public interest and that there is good cause under 5 U.S.C. 553 for making this rule effective less than 30 days after publication in the **Federal Register**.

We will consider comments that are received within 60 days of publication of this rule in the **Federal Register**. After the comment period closes, we will publish another document in the **Federal Register**. The document will include a discussion of any comments we receive and any amendments we are making to the rule as a result of the comments.

Executive Order 12866 and Regulatory Flexibility Act

This rule has been reviewed under Executive Order 12866. For this action, the Office of Management and Budget has waived its review process required by Executive Order 12866.

This emergency situation makes timely compliance with section 604 of the Regulatory Flexibility Act (5 U.S.C. 601 *et seq.*) impracticable. We are currently assessing the potential economic effects of this action on small entities. Based on that assessment, we will either certify that the rule will not

have a significant economic impact on a substantial number of small entities or publish a final regulatory flexibility analysis.

Executive Order 12372

This program/activity is listed in the Catalog of Federal Domestic Assistance under No. 10.025 and is subject to Executive Order 12372, which requires intergovernmental consultation with State and local officials. (See 7 CFR part 3015, subpart V.)

Executive Order 12988

This rule has been reviewed under Executive Order 12988, Civil Justice Reform. This rule: (1) Preempts all State and local laws and regulations that are inconsistent with this rule; (2) has no retroactive effect; and (3) does not require administrative proceedings before parties may file suit in court challenging this rule.

National Environmental Policy Act

An environmental assessment and finding of no significant impact have been prepared for this interim rule. The site-specific environmental assessment provides a basis for the conclusion that the implementation of integrated pest management to eradicate the Oriental fruit fly will not have a significant impact on human health or the natural environment. Based on the finding of no significant impact, the Administrator of the Animal and Plant Health Inspection Service has determined that an environmental impact statement need not be prepared.

The environmental assessment and finding of no significant impact were prepared in accordance with: (1) The National Environmental Policy Act of 1969 (NEPA), as amended (42 U.S.C. 4321 *et seq.*), (2) regulations of the Council on Environmental Quality for implementing the procedural provisions of NEPA (40 CFR parts 1500–1508), (3) USDA regulations implementing NEPA (7 CFR part 1b), and (4) APHIS' NEPA ImplementingProcedures (7 CFR part 372).

Copies of the environmental assessment and finding of no significant impact are available for public inspection at USDA, room 1141, South Building, 14th Street and Independence Avenue SW., Washington, DC, between 8 a.m. and 4:30 p.m., Monday through Friday, except holidays. Persons wishing to inspect copies are requested to call ahead on (202) 690–2817 to facilitate entry into the reading room. In addition, copies may be obtained by writing to the individual listed under **FOR FURTHER INFORMATION CONTACT**. The environmental assessment and finding of no significant impact may also be viewed on the Internet at *http://www.aphis.usda.gov/ppd/es/ppq/offsd.pdf.*

Paperwork Reduction Act

This interim rule contains no information collection or recordkeeping requirements under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*).

List of Subjects in 7 CFR Part 301

Agricultural commodities, Plant diseases and pests, Quarantine, Reporting and recordkeeping requirements, Transportation.

Accordingly, we are amending 7 CFR part 301 as follows:

PART 301—DOMESTIC QUARANTINE NOTICES

1. The authority citation for part 301 continues to read as follows:

Authority: 7 U.S.C. 166, 7711, 7712, 7714, 7731, 7735, 7751, 7752, 7753, and 7754; 7 CFR 2.22, 2.80, and 371.3.

Section 301.75–15 also issued under Sec. 204, Title II, Pub. L. 106–113, 113 Stat. 1501A–293; sections 301.75–15 and 301.75–16 also issued under Sec. 203, Title II, Pub. L. 106–224, 114 Stat. 400 (7 U.S.C. 1421 note).

2. In § 301.93–3, paragraph (c), the entry for California is amended by adding, in alphabetical order, an entry for San Diego County to read as follows:

§ 301.93–3 Quarantined areas.

* * * * *

(c) * * *

California

* * * * *

San Diego County. That portion of the county beginning at the intersection of State Highway 94 and Sweetwater Springs Boulevard; then south along Sweetwater Springs Boulevard to its intersection with U.S. Elevator Road; then south from the intersection of Sweetwater Springs Boulevard and U.S. Elevator Road along an imaginary line to the intersection of ProctorValley Road and Lane Avenue; then south on Lane Avenue to Otay Lakes Road; then west on Otay Lakes Road to Telegraph Canyon Road; then west on Telegraph Canyon Road to Hilltop Drive; then north on Hilltop Drive to J Street; then west on J Street to 4th Avenue; then north on 4th Avenue to H Street; then west on H Street to Broadway; then north on Broadway to E Street; then west on E Street to Interstate Highway 5; then north on Interstate Highway 5 to StateHighway 15; then north on State Highway 15 to State Highway 94; then east on State Highway 94 to Interstate Highway 805; then north on Interstate Highway 805 to Home Avenue; then northeast on Home Avenue to Euclid Avenue; then north on Euclid Avenue to University Avenue; then east on University Avenue to Massachusetts Avenue; then south on Massachusetts Avenue to State Highway 94; then east on State Highway 94 to the point of beginning.

Done in Washington, DC, this 26th day of October 2001.

W. Ron DeHaven,

Acting Administrator, Animal and Plant Health Inspection Service.

[FR Doc. 01–27460 Filed 10–31–01; 8:45 am]

BILLING CODE 3410–34–P

DEPARTMENT OF AGRICULTURE

Animal and Plant Health Inspection Service

9 CFR Part 93

[Docket No. 01–055–1]

States Approved To Receive Stallions and Mares From CEM-Affected Regions; Rhode Island

AGENCY: Animal and Plant Health Inspection Service, USDA.

ACTION: Direct final rule.

SUMMARY: We are amending the animal importation regulations by adding Rhode Island to the list of States approved to receive certain stallions and mares imported into the United States from regions affected with contagious equine metritis (CEM). We are taking this action becauseRhode Island has entered into an agreement with the Administrator of the Animal and Plant Health Inspection Service to enforce its State laws and regulations to control CEM and to require inspection, treatment, and testing of horses, as required by Federal regulations, to further ensure the horses' freedom from CEM. This action relieves unnecessary restrictions on the importation of mares and stallions from regions where CEM exists.

DATES: This rule will be effective on December 31, 2001 unless we receive written adverse comments or written notice of intent to submit adverse comments on or before December 3, 2001.

ADDRESSES: Please send four copies (an original and three copies) of your comments or notice of intent to submit adverse comments to: Docket No. 01–055–1, Regulatory Analysis and Development, PPD, APHIS, Suite 3C03,

4700 River Road Unit 118, Riverdale, MD 20737–1238

Please state that your comment refers to Docket No. 01–055–1.

You may read any comments that we receive on this docket in our reading room. The reading room is located in room 1141 of the USDA South Building, 14th Street and Independence Avenue SW., Washington, DC. Normal reading room hours are 8 a.m. to 4:30 p.m., Monday through Friday, except holidays. To be sure someone is there to help you, please call (202) 690–2817 before coming.

APHIS documents published in the **Federal Register**, and related information, including the names of organizations and individuals who have commented on APHIS dockets, are available on the Internet at http://www.aphis.usda.gov/ppd/rad/webrepor.html.

FOR FURTHER INFORMATION CONTACT: Dr. Barbara Bischoff, Staff Veterinarian, National Center for Import and Export, Technical Trade Services, VS, APHIS, 4700 River Road Unit 39, Riverdale, MD 20737–1231; (301) 734–8364.

SUPPLEMENTARY INFORMATION:

Background

The animal importation regulations (contained in 9 CFR part 93 and referred to below as the regulations), among other things, prohibit or restrict the importation of certain animals, including horses, into the United States to protect U.S. livestock from communicable diseases.

In § 93.301, paragraph (c)(1) prohibits the importation of horses into the United States from certain regions where contagious equine metritis (CEM) exists. Paragraph (c)(2) lists categories of horses that are excepted from this prohibition, including, in § 93.301(c)(2)(vi), horses over 731 days of age imported for permanent entry if the horses meet the requirements of § 93.301(e).

One of the requirements in § 93.301(e) is that mares and stallions over 731 days old imported for permanent entry from regions where CEM exists must be consigned to States listed in § 93.301(h)(6), for stallions, or in § 93.301(h)(7), for mares. The Administrator of the Animal and Plant Health Inspection Service (APHIS) has approved these States to receive stallions or mares over 731 days of age from regions where CEM exists because each State has entered into a written agreement with the Administrator to enforce State laws and regulations to control CEM, and each State has agreed to quarantine, test, and treat stallions and mares over 731 days of age from any region where CEM exists in accordance with § 93.301(e).

Rhode Island has entered into a written agreement with the Administrator of APHIS and has agreed to comply with all of the requirements in § 93.301(e) for importing stallions and mares over 731 days old from regions where CEM exists. Therefore, this direct final rule will add Rhode Island to the lists of States in § 93.301(h)(6) and (h)(7) approved to receive certain stallions and mares imported into the United States from regions where CEM exists.

Dates

We are publishing this rule without a prior proposal because we view this action as noncontroversial and anticipate no adverse public comments. This rule will be effective, as published in this document, on December 31, 2001, unless we receive written adverse comments or written notice of intent to submit adverse comments by December 3, 2001.

Adverse comments are comments that suggest the rule should not be adopted or that suggest the rule should be changed.

If we receive written adverse comments or written notice of intent to submit adverse comments, we will publish a notice in the **Federal Register** withdrawing this rule before the effective date. We will then publish a proposed rule for public comment.

As discussed above, if we receive no written adverse comments or written notice of intent to submit adverse comments within 30 days of publication of this direct final rule, this direct final rule will become effective 60 days following its publication. We will publish a notice in the **Federal Register** before the effective date of this direct final rule confirming that it is effective on the date indicated in this document.

Executive Order 12866 and Regulatory Flexibility Act

This rule has been reviewed under Executive Order 12866. For this action, the Office of Management and Budget has waived its review process required by Executive Order 12866.

Horse Imports From CEM-affected Regions

The share of purebred breeding horse imports coming from CEM-affected regions is a relatively small fraction of the total number of horses imported, ranging between 5 and 10 percent between 1996 and 1999 (table 1). However, horses supplied by CEM-affected countries are generally highly valued. In 1999, for example, the average value of a purebred breeding horse imported from a CEM-affected region was $52,300, whereas the average value of a purebred breeding horse imported from anywhere in the world (i.e., from both CEM-affected and CEM-free regions) was $11,700.

During these same 4 years, the United States imported 28,374 horses classified as ''except purebred breeding'' from CEM-affected regions (table 2). While it is possible that some of these horses from CEM-affected regions may be for breeding, it is more likely that they are imported for racing or exhibition.[1] During 1996–1999, about one of every five ''except purebred breeding'' horses imported into the United States came from CEM-affected countries. Their combined annual value comprised, on average, 60 percent of the value of all ''except purebred breeding'' horse imports.

[1] As stated in the Harmonized Tariff Schedule of the United States (2000), ''The expression 'purebred breeding animals' covers only animals certified to the U.S. Customs Service by the Department of Agriculture as being purebred of a recognized breed and duly registered in a book of record recognized by the Secretary of Agriculture for that breed, imported specially for breeding purposes, whether intended to be used by the importer himself or for sale for such purposes.''

TABLE 1.—QUANTITY AND VALUE OF PUREBRED BREEDING HORSES IMPORTED FROM CEM–AFFECTED REGIONS, 1996–1999

Year	Quantity		Value	
	Number	Percent of all purebred breeding imports (percent)	Dollars (million)	Percent of all purebred breeding imports (percent)
1996	69	5.2	$2.0	26.7
1997	115	7.2	2.7	19.9
1998	200	10.0	31.3	77.8
1999	187	8.1	9.8	36.2

Source: U.S. Department of Agriculture (USDA), Foreign Agricultural Service (FAS), ''Global Agricultural Trade System,'' using data from the United Nations Statistical Office. Harmonized tariff schedule 010111.

TABLE 2.—QUANTITY AND VALUE OF HORSES ''EXCEPT PUREBRED BREEDING'' IMPORTED FROM CEM-AFFECTED REGIONS, 1996–1999

Year	Quantity		Value	
	Number	Percent of all ''except purebred breeding'' imports	Dollars (million)	Percent of all ''except purebred breeding'' imports (percent)
1996	2,642	8.7	93.5	26.7
1997	3,677	15.5	99.9	76.7
1998	17,044	40.7	147.9	83.6
1999	5,011	17.9	170.9	54.8

Source: USDA, FAS, ''Global Agricultural Trade System,'' using data from the United Nations Statistical Office. Harmonized tariff schedule 010119.

CEM Testing

To minimize the risk of the CEM organism entering the United States, restrictions are applied to stallions and mares imported from CEM-affected regions, including health certification and preembarkation and postentry testing and treatment. During 1996 through 1999,21,882 cultures were tested at approved laboratories for CEM and a similar CEM-like organism. Forty of the cultures tested positive, of which at least one-third to one-half were infections by the CEM-like organism (several of domestic origin). Thus, the likelihood of a specimen testingCEM-positive during this period was roughly about 0.1 percent.

As this small percentage indicates, breeding horses imported from CEM-affected regions rarely test positive for CEM. When they do, they are treated and remain in isolation until examined and subsequent cultures test negative. Nevertheless, the potential consequences of the establishment of CEM in the United States make the risk posed by this disease a serious concern.

Besides the health costs associated with infected horses, establishment of CEM would have a disruptive impact on U.S. horse exports, especially on high-value breeding horses. At a minimum, more extensive testing and extended quarantining would be required of exporters.

The addition of Rhode Island to the list of approved States is explicit recognition of the capability of Rhode Island facilities to carry out postentry testing and treatment requirements.

Affected Entities

The rule will allow Rhode Island horse operations to import stallions and mares directly from CEM-affected regions, whereas at present they must be imported and undergo post-entry testing and treatment in another, currently approved State. There are now 21 States approved to receive stallions and mares from CEM-affected regions. Neither of Rhode Island's neighboringStates, Connecticut and Massachusetts, is on the list of approved States; breeding horse importers in both of these States may benefit as well from this rule, given their proximity.

The Regulatory Flexibility Act requires that agencies consider the impacts of their rules on small entities. Whether affected entities may be considered small depends on their annual gross receipts. Annual receipts of $750,000 or less is the small-entity criterion set by the SmallBusiness Administration for establishments primarily engaged in raising horses and other equines(North American Industrial Classification System (NAICS) code 112920). For operations owning race horses (NAICS code 711219), the small-entity criterion is annual gross receipts of $5 million or less.

Importers of breeding horses in Rhode Island presumably, owners of horse farms and race horses are the entities that will be affected by this rule, but only those importing from CEM-affected regions. It is not known how many such firms there may be, but it is reasonable to assume that at least some of them may be small entities. According to the 1997 Census of Agriculture, there were 163 horse farms in Rhode Island that year, 32 of which sold 79 horses that had a total value of $510,000. These data imply an average income per farm from horse sales of about $16,000.

The economic effects of this rule on affected Rhode Island establishments will be positive. Breeding horses from CEM-affected regions will be allowed to be moved directly into Rhode Island following their postentry quarantine, thereby benefitting Rhode Island importers, as well as importers in neighboring States, through lower transport costs. The benefits are not, however, expected to be large when compared to the value of the imported horses.

Under these circumstances, the Administrator of the Animal and Plant Health Inspection Service has determined that this action will not

have a significant economic impact on a substantial number of small entities.

Executive Order 12988

This rule has been reviewed under Executive Order 12988, Civil Justice Reform. This rule: (1) Preempts all State and local laws and regulations that are inconsistent with this rule; (2) has no retroactive effect; and (3) does not require administrative proceedings before parties may file suit in court challenging this rule.

Paperwork Reduction Act

This rule contains no information collection or recordkeeping requirements under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*).

List of Subjects in 9 CFR Part 93

Animal diseases, Imports, Livestock, Poultry and poultry products, Quarantine, Reporting and recordkeeping requirements.

Accordingly, 9 CFR part 93 is amended as follows:

PART 93—IMPORTATION OF CERTAIN ANIMALS, BIRDS, AND POULTRY, AND CERTAIN ANIMAL, BIRD, AND POULTRY PRODUCTS; REQUIREMENTS FOR MEANS OF CONVEYANCE AND SHIPPING CONTAINERS

1. The authority citation for part 93 continues to read as follows:

Authority: 7 U.S.C. 1622; 19 U.S.C. 1306; 21 U.S.C. 102–105, 111, 114a, 134a, 134b,134c, 134d, 134f, 136, and 136a; 31 U.S.C. 9701; 7 CFR 2.22, 2.80, and 371.4.

§ 93.301 [Amended]

2. Section 93.301 is amended as follows:

a. In paragraph (h)(6), by adding, in alphabetical order, ''The State of Rhode Island''.

b. In paragraph (h)(7), by adding, in alphabetical order, ''The State of Rhode Island''.

Done in Washington, DC, this 26th day of October 2001.

W. Ron DeHaven,

Acting Administrator, Animal and Plant Health Inspection Service.

[FR Doc. 01–27459 Filed 10–31–01; 8:45 am]

BILLING CODE 3410–34–P

DEPARTMENT OF THE TREASURY

Office of the Comptroller of the Currency

12 CFR Part 32

[Docket No. 01–12]

[RIN 1557–AB82]

Community Bank-Focused Regulation Review: Lending Limits Pilot Program

AGENCY: Office of the Comptroller of the Currency, Treasury.

ACTION: Final rule; correction.

SUMMARY: The Office of the Comptroller of the Currency (OCC) recently published a final rule amending part 32, the regulation governing the percentage of capital and surplus that a national bank may loan to any one borrower. Inadvertently, six cross-references in the existing regulation were not amended to reflect changes made by the final rule. This document amends these cross-references.

EFFECTIVE DATE: Effective on September 10, 2001.

FOR FURTHER INFORMATION CONTACT: Deborah Katz, Senior Counsel, Legislative Regulatory Activities Division, (202) 874–5090; or Jonathan Fink, Senior Attorney, Bank Activities and Structure Division, (202) 874–5300.

SUPPLEMENTARY INFORMATION:

Description of Change

The Office of the Comptroller of the Currency (OCC) published a final rule on June 11, 2001 (66 FR 31114) amending part 32. This final rule established a three-year pilot program that creates new special lending limits for 1–4 family residential real estate loans and small business loans, subject to certain conditions and requirements. The final rule added three new definitions to 12 CFR 32.2 and renumbered the existing definitions in that section. However, we inadvertently did not amend the cross-references in existing part 32 to reflect the changes in the numerical order of the definitions made by the final rule. This correction amends the cross-references throughout part 32 to reflect these changes.

Administrative Procedure Act—Notice and Comment

Pursuant to section 553(b)(B) of the Administrative Procedure Act (APA), 5 U.S.C. 553(b)(B), the OCC finds good cause for dispensing with the requirements for notice and opportunity for public comment that the APA would otherwise require. Notice and comment on this amendment of part 32 are unnecessary because the renumbering of the cross-references is a technical, rather than a substantive, change. Moreover, if left uncorrected, the cross-references will cause confusion among readers of part 32 as amended because the cross-references currently do not refer to the correct definitional sections.

Effective Date

The APA generally requires that a final rule take effect 30 days after publication in the **Federal Register**. 5 U.S.C. 553(d). Similarly, section 302 of the Riegle Community Development and Regulatory Improvement Act of 1994 generally requires that a final rule issued by a Federal banking agency take effect on the first day of the first calendar quarter that begins on or after the date on which the regulation is published in final form. 12 U.S.C. 4802(b)(1). Both requirements are subject to a good cause exception. For the reasons previously explained, the OCC finds good cause for making this amendment to 12 CFR part 32 effective immediately upon publication.

Regulatory Flexibility Act

The Regulatory Flexibility Act (RFA) does not apply to a rulemaking where a general notice of proposed rulemaking is not required. 5 U.S.C. 603 and 604. As noted previously, the OCC has determined that it is not necessary to publish a notice of proposed rulemaking for this final rule. Accordingly, the RFA's requirements relating to an initial and final regulatory flexibility analysis are not applicable.

Executive Order 12866

The Comptroller of the Currency has determined that this final rule is not a significant regulatory action for purposes of Executive Order 12866.

Unfunded Mandates Reform Act of 1995

The Unfunded Mandates Reform Act of 1995 (UMA), Pub. L. 104–4, 109 Stat. 48, applies only when an agency is required to issue a general notice of proposed rulemaking or a final rule for which the agency published a general notice of proposed rulemaking, 2 U.S.C. 1532. As noted previously, the OCC has determined, for good cause, that notice and comment is unnecessary. Accordingly, the UMA does not require a budgetary impact analysis.

List of Subjects in 12 CFR Part 32

National banks, Reporting and recordkeeping requirements.

Authority and Issuance

For the reasons set forth in the preamble, part 32 of chapter I of title 12 of the Code of Federal Regulations is amended as follows:

PART 32—LENDING LIMITS

1. The authority citation for part 32 continues to read as follows:

Authority: 12 U.S.C. 1 *et seq.*, 84 and 93a.

2. In § 32.2, revise paragraphs (f)(1)(iii), (f)(1)(iv), and (m)(1) to read as follows:

§ 32.2 Definitions.

* * * * *

(f) * * *

(1) * * *

(iii) Advance funds under a qualifying commitment to lend, as defined in paragraph (m) of this section, and

(iv) Advance funds under a standby letter of credit as defined in paragraph (s) of this section, a put, or other similar arrangement.

* * * * *

(m) * * *

(1) In determining whether a commitment is within the bank's lending limit when made, the bank may deduct from the amount of the commitment the amount of any legally binding loan participation commitments that are issued concurrent with the bank's commitment and that would be excluded from the definition of ''loan or extension of credit'' under paragraph (k)(2)(vi) of this section.

* * * * *

3. In § 32.3:

A. Revise the first sentence of paragraph (a);

B. Revise the first sentence of paragraph (b)(1)(i); and

C. Revise the introductory text of paragraph (b)(5).

The revisions read as follows:

§ 32.3 Lending limits.

(a) * * * A national bank's total outstanding loans and extensions of credit to one borrower may not exceed 15 percent of the bank's capital and surplus, plus an additional 10 percent of the bank's capital and surplus, if the amount that exceeds the bank's 15 percent general limit is fully secured by readily marketable collateral, as defined in § 32.2(n). * * *

(b) * * *

(1) * * *

(i) A national bank's loans or extensions of credit to one borrower secured by bills of lading, warehouse receipts, or similar documents transferring or securing title to readily marketable staples, as defined in § 32.2(o), may not exceed 35 percent of the bank's capital and surplus in addition to the amount allowed under the bank's combined general limit.

* * *

* * * * *

(5) * * * A national bank may renew a qualifying commitment to lend, as defined by § 32.2(m), and complete funding under that commitment if all of the following criteria are met—

* * * * *

Dated: October 19, 2001.

John D. Hawke, Jr.,

Comptroller of the Currency.

[FR Doc. 01–27413 Filed 10–31–01; 8:45 am]

BILLING CODE 4810–33–P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 39

[Docket No. 99–NM–62–AD; Amendment 39–12490; AD 2001–22–11]

RIN 2120–AA64

Airworthiness Directives; Boeing Model 737–600, –700, and –800 Series Airplanes

AGENCY: Federal Aviation Administration, DOT.

ACTION: Final rule.

SUMMARY: This amendment supersedes an existing airworthiness directive (AD), applicable to all Boeing Model 737–600, –700, and –800 series airplanes, that currently requires an inspection of the power distribution panels (PDP) to verify proper installation of the power feeder terminals and associated hardware, and corrective actions, if necessary. The existing AD also requires repetitive torque checks of the terminal attachment screws. This amendment adds a requirement for repetitive replacement of the PDP rigid bus assembly with a new assembly and provides an optional terminating action for the repetitive torque checks and the repetitive replacement of the PDP rigid bus assembly. This amendment is prompted by reports of loss of electrical power from the engine-driven generators or the auxiliary power unit due to overheating, melting, and subsequent failure of the power feeder terminals at the PDPs. The actions specified by this AD are intended to prevent such conditions, which could result in increased risk of fire and the loss of electrical power from the associated alternating current power source.

DATES: Effective December 6, 2001.

The incorporation by reference of certain publications listed in the regulations is approved by the Director of the Federal Register as of December 6, 2001.

ADDRESSES: The service information referenced in this AD may be obtained from Boeing Commercial Airplane Group, P.O. Box 3707, Seattle, Washington 98124–2207. This information may be examined at the Federal Aviation Administration (FAA), Transport Airplane Directorate, Rules Docket, 1601 Lind Avenue, SW., Renton, Washington; or at the Office of the Federal Register, 800 North Capitol Street, NW., suite 700, Washington, DC.

FOR FURTHER INFORMATION CONTACT: Stephen S. Oshiro, Aerospace Engineer, Systems and Equipment Branch, ANM–130S, FAA, Seattle Aircraft Certification Office, 1601 Lind Avenue, SW., Renton, Washington 98055–4056; telephone (425) 227–2793; fax (425) 227–1181.

SUPPLEMENTARY INFORMATION: A proposal to amend part 39 of the Federal Aviation Regulations (14 CFR part 39) by superseding AD 99–08–03, amendment 39–11107 (64 FR 15920, April 2, 1999), which is applicable to all Boeing Model 737–600, –700, and –800 series airplanes, was published in the **Federal Register** on June 11, 1999 (64 FR 31518). The action proposed to continue to require an inspection of the power distribution panels (PDP) to verify proper installation of the power feeder terminals and associated hardware, corrective actions, if necessary, and repetitive torque checks of the terminal attachment screws. The action proposed to add a requirement for repetitive replacement of the PDP rigid bus assembly with a new assembly.

Comments

Interested persons have been afforded an opportunity to participate in the making of this amendment. Due consideration has been given to the comments received.

Support for the Proposed Rule

Two commenters concur with the proposed AD.

Provide Terminating Action

Several commenters ask the FAA to revise the proposed AD to specify that replacement of the existing PDP rigid bus assemblies with new, improved assemblies terminates the repetitive torque checks in paragraph (b) and the repetitive replacements of the PDP rigid bus assemblies in paragraph (c) of the proposed AD. Three commenters point

out that we have previously approved Boeing Service Bulletin 737–24–1128, dated April 29, 1999, as an alternative method of compliance (AMOC) with the repetitive torque check requirement of AD 99–08–03. That service bulletin describes procedures for replacement of existing rigid bus assemblies on the P91 and P92 PDPs with new, improved assemblies. One of the commenters states that the new, improved PDP rigid bus assemblies incorporate retaining blocks that are integral to the rigid bus cover, surround the termination assemblies, and provide a solid surface for the termination assemblies to bear on during installation and removal of power feeders, thus reducing the load transmitted through the attachment screws. The commenters state that installation of the new, improved PDP rigid bus assemblies addresses the unsafe condition in the proposed AD.

The FAA concurs. As noted by the commenters, replacement of existing rigid bus assemblies with new, improved assemblies eliminates the need for the repetitive replacement of PDP rigid bus assemblies specified in paragraph (c) of the proposed AD. Also, we have previously approved Boeing Service Bulletin 737–24–1128, and have approved that service bulletin as an AMOC for the repetitive torque checks required by AD 99–08–03, which this AD supersedes. Therefore, we have done the following in this final rule:

- Added a new paragraph (d) to this AD to state that replacement of existing PDP rigid bus assemblies with new, improved PDP rigid bus assemblies constitutes terminating action for the requirements of this AD.
- Revised paragraphs (b) and (c) of this AD to state that the requirements of those paragraphs only apply until paragraph (d) of this AD is accomplished.
- Added a new paragraph (e)(2) to this AD to state that AMOCs approved previously in accordance with AD 99–08–03 are approved for the corresponding requirements of this AD. (This provision should have been stated in the proposed rule but was inadvertently omitted.)

In a related issue, two commenters request that we revise the applicability statement of the proposed AD to remove airplanes on which improved PDP rigid bus assemblies have been installed during production.

We partially concur with this request. Airplanes equipped with the improved PDP rigid bus assemblies would not be subject to this AD. However, we must consider the possibility that some airplanes originally delivered with PDPs having the improved rigid bus assemblies may have been changed to be equipped with PDPs having rigid bus assemblies of the original design. This could occur as a result of rotation of spare parts inventories during routine maintenance replacements. Therefore, we have revised the applicability statement of this AD to state that this AD applies only to Boeing Model 737–600, –700, and –800 series airplanes equipped with PDPs bearing any of the Boeing part numbers in the ''Existing Part Number'' column of the table under paragraph 2.E., ''Existing Parts Accountability,'' of Boeing Service Bulletin 737–24–1128.

Clarify Appropriate Replacement Parts

Two commenters ask us to revise paragraph (c) of the proposed AD to clarify appropriate replacement parts. The commenters question whether we intend paragraph (c) to require replacement of existing PDP rigid bus assemblies with identical parts (i.e., parts with the same part number as the existing parts), or with new, improved parts (as described in the previous section above). Both commenters note that replacement of existing PDP rigid bus assemblies with new, improved assemblies should eliminate the need for the repetitive replacement specified in paragraph (c).

We concur that we need to clarify under what circumstances it is necessary to repeat the replacement of the PDP rigid bus assembly required by paragraph (c) of this AD. Therefore, we have revised paragraph (c) of this final rule to require repetitive replacement of the PDP rigid bus assembly with a new assembly having the same part number as the removed part. As stated above, we have also added paragraph (d) to this AD to state that replacement of existing PDP rigid bus assemblies with new, improved rigid bus assemblies terminates the requirements of this AD.

Ascertain Parts Availability

One commenter requests that we confirm the availability of replacement parts from the manufacturer prior to issuance of this final rule. The commenter states that, as of the time of its comment, sufficient replacement parts have not been available to support replacement schedules. We have confirmed that the manufacturer can support replacement according to the schedule required by this AD, and no change to the final rule is necessary in this regard.

Revise Boeing 737 Configuration Maintenance and Procedures (CMP) Document

One commenter requests that we revise the Extended Twin Engine Operations (ETOPs) coverage in the Boeing 737 CMP Document to be consistent with the provisions of the proposed AD. The commenter notes that, while the proposed AD would require repetitive torque checks of the attachment screws of the power feeder terminals every 1,000 flight hours, and replacement of the PDP rigid bus assembly with a new assembly within 1,000 flight hours after every eighth torque check, the Boeing 737 CMP Document requires repetitive torque checks every 400 flight hours, with replacement of the PDP rigid bus assembly after every fourth check. The commenter notes that revision of the ETOPs information in the Boeing 737 CMP Document would provide consistency for all Boeing 737 ''Next Generation'' airplanes.

We do not concur. The torque check and replacement at the intervals required by this AD are intended to ensure that an adequate level of safety is maintained. However, the more conservative torque check and replacement intervals specified in the Boeing 737 CMP Document are necessary for airplanes performing ETOPS. No change to the final rule is necessary in this regard.

Explanation of Changes Made to Proposed Rule

Paragraph (a) of the proposed AD specifies accomplishment of a ''general visual'' inspection. To clarify this inspection requirement, we have added a note to this final rule that defines that type of inspection.

Also, the inspection procedure included in paragraph (a) of AD 99–08–03, which is restated in paragraph (a) of this AD, contains several references to Boeing 737–600, –700, –800, –900 Airplane Maintenance Manual (AMM) Section 24–21–71/401, Figure 401. These references have been clarified in this final rule to refer specifically to relevant page numbers in AMM Section 24–21–71, Figure 401.

Conclusion

After careful review of the available data, including the comments noted above, the FAA has determined that air safety and the public interest require the adoption of the rule with the changes previously described. The FAA has determined that these changes will neither increase the economic burden on any operator nor increase the scope of the AD.

Interim Action

This is considered to be interim action. The FAA is considering further rulemaking to require accomplishment of the optional terminating action described in this AD. However, the planned compliance time for this action is sufficiently long so that notice and opportunity for prior public comment will be practicable.

Cost Impact

There are approximately 153 Model 737–600, –700, and –800 series airplanes of the affected design in the worldwide fleet. The FAA estimates that 56 airplanes of U.S. registry will be affected by this AD.

The actions that are currently required by AD 99–08–03 take approximately 2 work hours per airplane to accomplish, at an average labor rate of $60 per work hour. Based on these figures, the cost impact of the currently required actions on U.S. operators is estimated to be $6,720, or $120 per airplane.

The new replacement required by this AD will take approximately 6 work hours per airplane to accomplish, at an average labor rate of $60 per work hour. Required parts will be provided by the manufacturer at no cost to the operators. Based on these figures, the cost impact of the replacement required by this AD on U.S. operators is estimated to be $20,160, or $360 per airplane, per replacement cycle.

The cost impact figures discussed above are based on assumptions that no operator has yet accomplished any of the requirements of this AD action, and that no operator would accomplish those actions in the future if this AD were not adopted. The cost impact figures discussed in AD rulemaking actions represent only the time necessary to perform the specific actions actually required by the AD. These figures typically do not include incidental costs, such as the time required to gain access and close up, planning time, or time necessitated by other administrative actions.

Regulatory Impact

The regulations adopted herein will not have a substantial direct effect on the States, on the relationship between the national Government and the States, or on the distribution of power and responsibilities among the various levels of government. Therefore, it is determined that this final rule does not have federalism implications under Executive Order 13132.

For the reasons discussed above, I certify that this action (1) Is not a ''significant regulatory action'' under Executive Order 12866; (2) is not a ''significant rule'' under DOT Regulatory Policies and Procedures (44 FR 11034, February 26, 1979); and (3) will not have a significant economic impact, positive or negative, on a substantial number of small entities under the criteria of the Regulatory Flexibility Act. A final evaluation has been prepared for this action and it is contained in the Rules Docket. A copy of it may be obtained from the Rules Docket at the location provided under the caption **ADDRESSES**.

List of Subjects in 14 CFR Part 39

Air transportation, Aircraft, Aviation safety, Incorporation by reference, Safety.

Adoption of the Amendment

Accordingly, pursuant to the authority delegated to me by the Administrator, the Federal Aviation Administration amends part 39 of the Federal Aviation Regulations (14 CFR part 39) as follows:

PART 39—AIRWORTHINESS DIRECTIVES

1. The authority citation for part 39 continues to read as follows:

Authority: 49 U.S.C. 106(g), 40113, 44701.

§ 39.13 [Amended]

2. Section 39.13 is amended by removing amendment 39–11107 (64 FR 15920, April 2, 1999), and by adding a new airworthiness directive (AD), amendment 39–12490, to read as follows:

2001–22–11 Boeing: Amendment 39–12490. Docket 99–NM–62–AD. Supersedes AD 99–08–03, Amendment 39–11107.

Applicability: Model 737–600, –700, and –800 series airplanes, equipped with power distribution panels (PDP) bearing any of the Boeing part numbers in the ''Existing Part Number'' column of the table under paragraph 2.E., ''Existing Parts Accountability,'' of Boeing Service Bulletin 737–24–1128, dated April 29, 1999; certificated in any category.

Note 1: This AD applies to each airplane identified in the preceding applicability provision, regardless of whether it has been modified, altered, or repaired in the area subject to the requirements of this AD. For airplanes that have been modified, altered, or repaired so that the performance of the requirements of this AD is affected, the owner/operator must request approval for an alternative method of compliance in accordance with paragraph (e)(1) of this AD. The request should include an assessment of the effect of the modification, alteration, or repair on the unsafe condition addressed by this AD; and, if the unsafe condition has not been eliminated, the request should include specific proposed actions to address it.

Compliance: Required as indicated, unless accomplished previously.

To prevent overheating, melting, and subsequent failure of the power feeder terminals, which could result in increased risk of fire and the loss of electrical power from the associated alternating current power source, accomplish the following:

Restatement of Requirements of AD 99–08–03, Amendment 39–11107

Initial Inspection

(a) Within 90 days after April 19, 1999 (the effective date of AD 99–08–03, amendment 39–11107): Perform a one-time general visual inspection to verify proper installation of the power feeder terminals and associated hardware located in power distribution panels (PDP) P91 and P92, in accordance with the following procedures: Using a flashlight, inspect each of the six power feeder terminals by looking into the access holes located in the plastic cover of the rigid bus assembly. The holes are located on the aft face of PDPs P91 and P92. (Refer to the Boeing 737–600, –700, –800, –900 Airplane Maintenance Manual (AMM), Section 24–21–71, Page 402, Figure 401 (Sheet 1), for the location of PDP P91 and P92.) On PDP P91, the holes are adjacent to terminal blocks TB5001 and TB5002. On PDP P92, the holes are adjacent to terminal blocks TB5005 and TB5006. There are a total of six holes per PDP. (Refer to the Boeing 737–600, –700, –800, –900 AMM, Section 24–21–71, Page 403, Figure 401 (Sheet 2), for the location of the access holes on the PDPs.) Note that although each PDP has nine power feeder terminals, only the six terminals adjacent to the access holes require inspection. Verify that the power feeder terminal is properly installed and held in place on the busbar by the No. 8 socket head cap screw, and verify that the cap screw is inserted into the hole in the terminal. For the proper power feeder terminal and screw buildup, refer to the Boeing 737–600, –700, –800, –900 AMM, Chapter 24–21–71, Page 405, Figure 401 (Sheet 4). The subject power feeder terminal is identified as item (7) and the cap screw as item (12). This visual inspection does not require loosening or removing any fasteners. The inspection may require looking through the access hole at a slight angle to see the terminal clearly. The terminal can be identified by its shiny metal finish; the current transformer behind the terminal block is made of plastic with a flat black finish. If the power feeder terminal and No. 8 socket head cap screw are not assembled as shown in Boeing 737–600, –700, –800, –900 AMM, Section 24–21–71, Page 405, Figure 401 (Sheet 4): Prior to further flight, replace the rigid bus assembly with a new assembly, in accordance with the procedures specified in Boeing 737–600, –700, –800, –900 AMM, Section 24–21–22.

Note 2: For the purposes of this AD, a general visual inspection is defined as: ''A visual examination of an interior or exterior area, installation, or assembly to detect obvious damage, failure, or irregularity. This level of inspection is made under normally available lighting conditions such as daylight, hangar lighting, flashlight, or drop-light, and may require removal or opening of

access panels or doors. Stands, ladders, or platforms may be required to gain proximity to the area being checked.''

Repetitive Torque Check

(b) Concurrent with the accomplishment of the requirements of paragraph (a) of this AD: Perform a torque check of the attachment screws of the power feeder terminals in accordance with the procedures specified in Boeing Maintenance Tip 737 MT 24–003, dated May 14, 1998. Repeat the torque check thereafter at intervals not to exceed 1,000 flight hours, in accordance with the maintenance tip, until paragraph (d) of this AD is accomplished.

New Requirements of This AD

Repetitive Replacement

(c) Within 1,000 flight hours after accomplishment of the eighth torque check required by paragraph (b) of this AD: Replace the PDP rigid bus assemblies with new assemblies having the same part numbers as the removed assemblies, in accordance with the procedures specified in Boeing 737–600, –700, –800, –900 AMM, Chapter 24–21–22. Repeat the replacement thereafter within 1,000 flight hours after every eighth torque check required by paragraph (b) of this AD, in accordance with the procedures specified in the AMM, until paragraph (d) of this AD is accomplished.

Optional Terminating Action

(d) Replacement of existing PDP rigid bus assemblies with new, improved PDP rigid bus assemblies having part number 1032181–2 or 1032185–2, as applicable, according to Boeing Service Bulletin 737–24–1128, dated April 29, 1999, constitutes terminating action for the requirements of this AD.

Alternative Methods of Compliance

(e)(1) An alternative method of compliance or adjustment of the compliance time that provides an acceptable level of safety may be used if approved by the Manager, Seattle Aircraft Certification Office (ACO), FAA. Operators shall submit their requests through an appropriate FAA Principal Maintenance Inspector, who may add comments and then send it to the Manager, Seattle ACO.

(2) Alternative methods of compliance, approved previously in accordance with AD 99–08–03, amendment 39–11107, are approved as alternative methods of compliance for the corresponding requirements of this AD.

Note 3: Information concerning the existence of approved alternative methods of compliance with this AD, if any, may be obtained from the Seattle ACO.

Special Flight Permits

(f) Special flight permits may be issued in accordance with sections 21.197 and 21.199 of the Federal Aviation Regulations (14 CFR 21.197 and 21.199) to operate the airplane to a location where the requirements of this AD can be accomplished.

Incorporation by Reference

(g) The actions required by paragraph (b) of this AD shall be done in accordance with Boeing Maintenance Tip 737 MT 24–003, dated May 14, 1998. The optional terminating action, if accomplished, shall be done in accordance with Boeing Service Bulletin 737–24–1128, dated April 29, 1999. This incorporation by reference was approved by the Director of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. Copies may be obtained from Boeing Commercial Airplane Group, P.O. Box 3707, Seattle, Washington 98124–2207. Copies may be inspected at the FAA, Transport Airplane Directorate, 1601 Lind Avenue, SW., Renton, Washington; or at the Office of the Federal Register, 800 North Capitol Street, NW., suite 700, Washington, DC.

Effective Date

(h) This amendment becomes effective on December 6, 2001.

Issued in Renton, Washington, on October 23, 2001.

Ali Bahrami,

Acting Manager, Transport Airplane Directorate, Aircraft Certification Service.

[FR Doc. 01–27187 Filed 10–31–01; 8:45 am]

BILLING CODE 4910–13–U

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 39

[Docket No. 2000–NM–395–AD; Amendment 39–12492; AD 2001–22–13]

RIN 2120–AA64

Airworthiness Directives; Boeing Model 737–100, –200, –300, –400, and –500 Series Airplanes; and Model 747, 757, 767, and 777 Series Airplanes

AGENCY: Federal Aviation Administration, DOT.

ACTION: Final rule.

SUMMARY: This amendment adopts a new airworthiness directive (AD), applicable to certain Boeing Model 737–100, –200, –300, –400, and –500 series airplanes; and certain Boeing Model 747, 757, 767, and 777 series airplanes; that requires replacing the rudder pedal pushrod fasteners for both the captain's and first officer's pedal assemblies with new, improved fasteners. This action is necessary to prevent loss of rudder control due to improperly torqued fasteners that connect the pushrod to the rudder pedal assembly, which could result in loss of controllability of the airplane. This action is intended to address the identified unsafe condition.

DATES: Effective December 6, 2001.

The incorporation by reference of certain publications listed in the regulations is approved by the Director of the Federal Register as of December 6, 2001.

ADDRESSES: The service information referenced in this AD may be obtained from Boeing Commercial Airplane Group, P.O. Box 3707, Seattle, Washington 98124–2207. This information may be examined at the Federal Aviation Administration (FAA), Transport Airplane Directorate, Rules Docket, 1601 Lind Avenue, SW., Renton, Washington; or at the Office of the Federal Register, 800 North Capitol Street, NW., suite 700, Washington, DC.

FOR FURTHER INFORMATION CONTACT: Barbara Mudrovich, Aerospace Engineer, Systems and Equipment Branch, ANM–130S, FAA, Seattle Aircraft Certification Office, 1601 Lind Avenue, SW., Renton, Washington 98055–4056; telephone (425) 227–2983; fax (425) 227–1181.

SUPPLEMENTARY INFORMATION: A proposal to amend part 39 of the Federal Aviation Regulations (14 CFR part 39) to include an airworthiness directive (AD) that is applicable to certain Model 737–100, –200, –300, –400, and –500 series airplanes; and Model 747, 757, 767, and 777 series airplanes; was published in the **Federal Register** on April 20, 2001 (66 FR 20218). That action proposed to require replacing the rudder pedal pushrod fasteners for both the captain's and first officer's pedal assemblies with new, improved fasteners.

Comments

Interested persons have been afforded an opportunity to participate in the making of this amendment. Due consideration has been given to the comments received.

One commenter supports the proposed rule; a second commenter states that it has no technical objection and intends to accomplish the proposed actions; and a third commenter states no objection to the proposed rule.

Refer to Additional Sources of Service Information

Two commenters request that the FAA revise Table 2 of the proposed AD to refer to Boeing Service Bulletin 767–27A0159, Revision 1, dated April 5, 2001, as an acceptable source of service information for the actions in paragraph (a) of the proposed AD. (The proposed AD refers to the original issue of Boeing Alert Service Bulletin 767–27A0159, dated June 10, 1999, as an acceptable source of service information for accomplishment of the actions in paragraph (a) of the proposed rule on affected Model 767 series airplanes.) One of the commenters also requests that we add a new note similar to Note 2 to cover incorporation of Boeing Service Bulletin 767–27A0159, Revision

1, as acceptable for compliance with the proposed AD.

We concur with the commenters' request to reference Boeing Service Bulletin 767–27A0159, Revision 1, in Table 2 of this AD and have revised Table 2 accordingly. Since we are making this change, we find that there is no need to add a new note similar to Note 2 of this AD to the final rule as one of the commenters suggested.

One commenter also asks us to revise Table 1 under the applicability statement of the proposed AD to refer to Boeing Alert Service Bulletin 737–27A1214, dated April 8, 1999, and Boeing Service Bulletin 767–27A0159, Revision 1. (Table 1 of the proposed AD lists Boeing Service Bulletin 737–27A1214, Revision 1, dated July 1, 1999, as the applicable service bulletin listing affected Model 737–100, –200, –300, –400, and ''500 series airplanes; and the original issue of Boeing Alert Service Bulletin 767–27A0159, as the applicable service bulletin listing affected Model 767 series airplanes.) The same commenter also asks that we revise Table 2 of the proposed AD to refer to Boeing Alert Service Bulletin 737–27A1214, dated April 8, 1999. The commenter's rationale for these requests is that these service bulletins provide for the incorporation of the improved fasteners and compliance with the proposed action.

We do not concur that any change is necessary. Comparison of the effectivity listings of the original issue and Revision 1 of Boeing Service Bulletins 737–27A1214 and 767–27A0159 show that both issues of these service bulletins list the same affected airplane line numbers. Thus, we find that revising Table 1 as the commenter suggests would add no value and may be confusing for operators. No change to the final rule is necessary in this regard.

In addition, because Note 2 of this AD already states that the original issue of Boeing Alert Service Bulletin 737–27A1214 is acceptable for compliance with the applicable action in this AD, we find no need to also list that service bulletin in Table 2 of this AD. No change to this final rule is necessary in this regard.

Issue Action as a Supersedure of AD 98–13–12 R1

One commenter suggests that the proposed AD should supersede AD 98–13–12 R1, amendment 39–10930 (63 FR 68165, December 10, 1998). The commenter states that the proposed actions in this AD remove the unsafe condition addressed by AD 98–13–12 R1. The commenter also notes that operators cannot comply with both AD 98–13–12 R1 and the proposed AD because this proposed AD requires rudder pedal pushrod fasteners to be torqued at a lower value than that required by AD 98–13–12 R1. The commenter is concerned that operators will need to request alternative methods of compliance for both of these ADs.

We do not concur with the request to supersede AD 98–13–12 R1. That AD requires a one-time inspection to detect discrepancies of the fasteners that connect the pushrods to the rudder pedal assemblies, and corrective actions, if necessary, on certain Boeing Model 737, 747, 757, 767, and 777 series airplanes. The actions in that AD are intended to prevent loss of rudder control, jamming of the rudder system, uncommanded movement of the rudder system, and consequent reduced controllability of the airplane. Corrective actions in that AD include tightening nuts and bolts to specified torque limits, installing missing fasteners, and replacing incorrectly installed fasteners with new fasteners, as applicable. This new AD requires replacement of existing rudder pedal pushrod fasteners for both the captain's and first officer's pedal assemblies with new, improved fasteners that use self-locking, castellated nuts and cotter pins through the bolts for nut retention. We consider the actions in this AD to provide an improved level of safety over that provided by the actions in AD 98–13–12 R1.

Since the compliance time for the actions required by AD 98–13–12 R1 (90 days after July 6, 1998, which is the effective date of AD 98–13–12, amendment 39–10600 (63 FR 33246, June 17, 1998)) has passed, most airplanes should already be in compliance with that AD. However, we find that accomplishment of the requirements of that AD is necessary in the event that an affected airplane is added to the U.S. Register. In that event, we find that accomplishment of paragraph (a) of this AD before the airplane is added to the U.S. Register is acceptable for compliance with AD 98–13–12 R1. We have added a new paragraph (b) to this AD (and reordered subsequent paragraphs) accordingly.

With regard to the commenter's perceived need for operators to apply for an alternative method of compliance, we note that, once the new, improved fasteners are installed according to this AD, the torque requirements for the old fasteners referenced in AD 98–13–12 R1 no longer apply. Further, the actions in this AD are not considered ''terminating action'' for AD 98–13–12 R1 because that AD did not contain any repetitive actions to terminate. No change to this final rule is necessary in this regard.

Extend Compliance Time

One commenter requests that we extend the compliance time for the proposed requirements from 18 to 36 months after the effective date of this AD. The commenter's rationale is that there have been very few reports of disconnection of the rudder pedal pushrod from the rudder pedal assembly, and all affected airplanes have previously been inspected per AD 98–13–12 R1.

We do not concur. In developing an appropriate compliance time for this AD, we considered the manufacturer's recommendation, as well as the degree of urgency associated with addressing the subject unsafe condition, the average utilization of the affected fleet, and the small amount of time necessary to perform the inspection (one hour). We have also considered that the service bulletins have been available for some time, and many operators have already accomplished the required actions. In light of all of these factors, the FAA finds an 18-month compliance time for completing the required actions to be warranted, in that it represents an appropriate interval of time wherein airplanes will be able to continue to operate without compromising safety, and the majority of operators will be able to do the required work during a scheduled maintenance visit. No change to the final rule is necessary in this regard.

Revise Cost Impact Estimate

One commenter requests that the FAA revise the proposed rule to increase the cost estimate. The commenter states that it has compiled its own cost estimate for this inspection, based on actual direct costs incurred, and estimates the costs associated with the proposed AD as $125.76 for labor and $226.00 for materials per airplane, for a total of $351.76 per airplane.

We do not concur with the request. With regard to the number of work hours necessary to accomplish the actions in this AD, the cost impact information describes only the ''direct'' costs of the specific actions required by this AD. The number of work hours necessary to accomplish the required actions, specified as 1 work hour in the cost impact information below, was provided to the FAA by the manufacturer based on the best data available to date. This number represents the time necessary to perform only the actions actually required by this AD. The FAA recognizes that, in accomplishing the requirements of any

AD, operators may incur ''incidental'' costs in addition to the ''direct'' costs. The cost analysis in AD rulemaking actions, however, typically does not include incidental costs, such as the time required to gain access and close up, planning time, or time necessitated by other administrative actions. Because incidental costs may vary significantly from operator to operator, they are almost impossible to calculate.

With regard to the cost of materials, the cost of parts necessary to accomplish the required actions, specified as approximately $75 in the cost impact information below, was provided to the FAA by the manufacturer based on the best data available to date. The commenter did not specify what materials its cost estimate included, so it is impossible for the FAA to know the reason for the difference between our cost estimate and the commenter's. No change to the final rule is necessary in this regard.

Conclusion

After careful review of the available data, including the comments noted above, the FAA has determined that air safety and the public interest require the adoption of the rule with the changes previously described. The FAA has determined that these changes will neither increase the economic burden on any operator nor increase the scope of the AD.

Cost Impact

There are approximately 6,097 Model 737–100, –200, –300, –400, and –500 series airplanes; and Model 747, 757, 767, and 777 series airplanes; of the affected design in the worldwide fleet. The FAA estimates that 2,338 airplanes of U.S. registry will be affected by this AD, that it will take approximately 1 work hour per airplane to accomplish the required actions, and that the average labor rate is $60 per work hour. Required parts will cost approximately $75 per airplane. Based on these figures, the cost impact of this AD on U.S. operators is estimated to be $315,630, or $135 per airplane.

The cost impact figure discussed above is based on assumptions that no operator has yet accomplished any of the requirements of this AD action, and that no operator would accomplish those actions in the future if this AD were not adopted. The cost impact figures discussed in AD rulemaking actions represent only the time necessary to perform the specific actions actually required by the AD. These figures typically do not include incidental costs, such as the time required to gain access and close up, planning time, or time necessitated by other administrative actions.

Regulatory Impact

The regulations adopted herein will not have a substantial direct effect on the States, on the relationship between the national Government and the States, or on the distribution of power and responsibilities among the various levels of government. Therefore, it is determined that this final rule does not have federalism implications under Executive Order 13132.

For the reasons discussed above, I certify that this action (1) is not a ''significant regulatory action'' under Executive Order 12866; (2) is not a ''significant rule'' under DOT Regulatory Policies and Procedures (44 FR 11034, February 26, 1979); and (3) will not have a significant economic impact, positive or negative, on a substantial number of small entities under the criteria of the Regulatory Flexibility Act. A final evaluation has been prepared for this action and it is contained in the Rules Docket. A copy of it may be obtained from the Rules Docket at the location provided under the caption **ADDRESSES.**

List of Subjects in 14 CFR Part 39

Air transportation, Aircraft, Aviation safety, Incorporation by reference, Safety.

Adoption of the Amendment

Accordingly, pursuant to the authority delegated to me by the Administrator, the Federal Aviation Administration amends part 39 of the Federal Aviation Regulations (14 CFR part 39) as follows:

PART 39—AIRWORTHINESS DIRECTIVES

1. The authority citation for part 39 continues to read as follows:

Authority: 49 U.S.C. 106(g), 40113, 44701.

§ 39.13 [Amended]

2. Section 39.13 is amended by adding the following new airworthiness directive:

2001–22–13 Boeing: Amendment 39–12492. Docket 2000–NM–395–AD.

Applicability: Model 737–100, –200, –300, –400, and –500 series airplanes; and Model 747, 757, 767, and 777 series airplanes; as listed in the following applicable Boeing service bulletin specified in the following table; certificated in any category:

TABLE 1.—APPLICABLE SERVICE BULLETINS

Model	Service bulletin	Revision level	Date
737–100, –200, –300, –400, and –500	Boeing Service Bulletin 737–27A1214	1	July 1, 1999.
747	Boeing Alert Service Bulletin 747–27A2373	Original	June 24, 1999.
757	Boeing Alert Service Bulletin 757–27A0129	Original	March 25, 1999.
767	Boeing Alert Service Bulletin 767–27A0159	Original	June 10, 1999.
777	Boeing Alert Service Bulletin 777–27A0030	Original	April 1, 1999.

Note 1: This AD applies to each airplane identified in the preceding applicability provision, regardless of whether it has been modified, altered, or repaired in the area subject to the requirements of this AD. For airplanes that have been modified, altered, or repaired so that the performance of the requirements of this AD is affected, the owner/operator must request approval for an alternative method of compliance in accordance with paragraph (c) of this AD. The request should include an assessment of the effect of the modification, alteration, or repair on the unsafe condition addressed by this AD; and, if the unsafe condition has not been eliminated, the request should include specific proposed actions to address it.

Compliance: Required as indicated, unless accomplished previously.

To prevent loss of rudder control due to improperly torqued fasteners that connect the pushrod to the rudder pedal assembly, which could result in loss of controllability of the airplane, accomplish the following:

Replacement

(a) Within 18 months after the effective date of this AD: Replace the rudder pedal pushrod fasteners for both the captain's and first officer's pedal assemblies with new, improved fasteners that use self-locking, castellated nuts and cotter pins through the bolts for nut retention, per the applicable Boeing service bulletin listed in the following table:

TABLE 2.—APPLICABLE SERVICE BULLETINS

Model	Service bulletin	Revision level	Date
737–100, –200, –300, –400, and –500	Boeing Service Bulletin 737–27A1214	1	July 1, 1999.
747	Boeing Alert Service Bulletin 747–27A2373	Original	June 24, 1999.
757	Boeing Alert Service Bulletin 757–27A0129	Original	March 25, 1999.
767	Boeing Alert Service Bulletin 767–27A0159	Original	June 10, 1999.
767	Boeing Service Bulletin 767–27A0159	1	April 5, 2001.
777	Boeing Alert Service Bulletin 777–27A0030	Original	April 1,1999.

Note 2: Replacement actions that include replacing the rudder pedal pushrod fasteners for both the captain's and first officer's pedal assemblies with new, improved fasteners, which use self-locking, castellated nuts and cotter pins through the bolts for nut retention, accomplished before the effective date of this amendment, per Boeing Alert Service Bulletin 737–27A1214, dated April 8, 1999, are considered acceptable for compliance with the applicable actions specified in this amendment.

Compliance With AD 98–13–12 R1

(b) Accomplishment of the requirements of paragraph (a) of this AD before the airplane is added to the U.S. Register is acceptable for compliance with AD 98–13–12 R1, amendment 39–10930.

Alternative Methods of Compliance

(c) An alternative method of compliance or adjustment of the compliance time that provides an acceptable level of safety may be used if approved by the Manager, Seattle Aircraft Certification Office (ACO), FAA. Operators shall submit their requests through an appropriate FAA Principal Maintenance Inspector, who may add comments and then send it to the Manager, Seattle ACO.

Note 3: Information concerning the existence of approved alternative methods of compliance with this AD, if any, may be obtained from the Seattle ACO.

Special Flight Permits

(d) Special flight permits may be issued in accordance with sections 21.197 and 21.199 of the Federal Aviation Regulations (14 CFR 21.197 and 21.199) to operate the airplane to a location where the requirements of this AD can be accomplished.

Incorporation by Reference

(e) The actions shall be done in accordance with Boeing Service Bulletin 737–27A1214, Revision 1, dated July 1, 1999; Boeing Alert Service Bulletin 747–27A2373, dated June 24, 1999; Boeing Alert Service Bulletin 757–27A0129, dated March 25, 1999; Boeing Alert Service Bulletin 767–27A0159, dated June 10, 1999; Boeing Service Bulletin 767–27A0159, Revision 1, dated April 5, 2001; or Boeing Alert Service Bulletin 777–27A0030, dated April 1, 1999; as applicable. This incorporation by reference was approved by the Director of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. Copies may be obtained from Boeing Commercial Airplane Group, P.O. Box 3707, Seattle, Washington 98124–2207. Copies may be inspected at the FAA, Transport Airplane Directorate, 1601 Lind Avenue, SW., Renton, Washington; or at the Office of the Federal Register, 800 North Capitol Street, NW., suite 700, Washington, DC.

Effective Date

(f) This amendment becomes effective on December 6, 2001.

Issued in Renton, Washington, on October 24, 2001.

Ali Bahrami,

Acting Manager, Transport Airplane Directorate, Aircraft Certification Service.

[FR Doc. 01–27215 Filed 10–31–01; 8:45 am]

BILLING CODE 4910–13–U

COMMODITY FUTURES TRADING COMMISSION

17 CFR Part 41

RIN 3038–AB87

Listing Standards and Conditions for Trading Security Futures Products

AGENCY: Commodity Futures Trading Commission.

ACTION: Final rules.

SUMMARY: The Commodity Futures Trading Commission (''CFTC'' or ''Commission'') is promulgating rules 41.21 through 41.25 under the Commodity Exchange Act (''CEA'').[1] These rules relate to new statutory provisions enacted by the Commodity Futures Modernization Act of 2000 (''CFMA'') [2] that specify listing standards and conditions for trading of security futures products. These rules also establish requirements related to the self-certification of rules and rule amendments, reporting of data, speculative position limits, and special provisions relating to contract design for cash settlement and physical delivery of security futures products.

EFFECTIVE DATE: November 1, 2001.

FOR FURTHER INFORMATION CONTACT: Richard A. Shilts, Acting Director, Division of Economic Analysis; Thomas M. Leahy, Jr., Financial Instruments Unit Chief, Division of Economic Analysis; or Gabrielle A. Sudik, Attorney, Office of the General Counsel, Commodity Futures Trading Commission, Three Lafayette Centre, 1155 21st Street, NW., Washington, DC 20581. Telephone: (202) 418–5000. E-mail: (*RShilts@cftc.gov*), (*TLeahy@cftc.gov*), or (*GSudik@cftc.gov*).

SUPPLEMENTARY INFORMATION: The Commodity Futures Trading Commission today promulgates new rules 41.21 through 41.25 under 17 CFR part 41, pursuant to the CEA as amended by the Commodity Futures Modernization Act of 2000 (7 U.S.C. 1 *et seq.*, as amended by Appendix E of Pub. L. No. 106–554, 114 Stat. 2763).

I. Background

A. Overview

On December 21, 2000, the CFMA was signed into law. Among other things, the CFMA lifted the ban on single stock and narrow-based stock index futures (''security futures'').[3] In addition, the CFMA established a framework for the joint regulation of security futures products[4] by the CFTC and the Securities and Exchange Commission (''SEC'').[5] Section

[1] 7 U.S.C. 1 *et seq.*

[2] Pub. L. No. 106–554, 114 Stat. 2763 (December 21, 2000).

[3] *See* Section 251(a) of the CFMA. This trading previously was prohibited by Section 2(a)(1)(B)(v) of the CEA.

[4] The term ''security futures product'' is defined in Section 1a(32) of the CEA and Section 3(a)(56) of the Exchange Act to mean ''a security future or any put, call, straddle, option, or privilege on any security future.'' The term ''security future'' is defined in Section 1a(31) of the CEA and Section 3(a)(55)(A) of the Exchange Act to include futures contracts on individual securities and on narrow-based security indexes. The term ''narrow-based security index'' is defined in Section 1a(25) of the CEA and Section 3(a)(55)(B) of the Exchange Act. Because the CFMA also provides that options on security futures cannot be traded until at least December 21, 2003, security futures are the only security futures product that may be available for trading until that date.

[5] The CFMA also prescribes the dates on which security futures trading can commence. Specifically, trading on a principal-to-principal basis between eligible contract participants was not permitted until August 21, 2001, and retail transactions cannot commence until December 21, 2001. Both starting dates are conditioned upon the registration of a futures association as a national securities association under the Exchange Act. *See*

2(a)(1)(D) of the CEA and Section 6(h) of the Securities Exchange Act of 1934, as amended by the CFMA, provide that in order for a board of trade to list security futures products, the security futures products and the securities underlying the security futures products must meet a number of standards and conditions termed ''listing standards.''

Security futures products may be traded on any board of trade that is designated as a contract market by the Commission pursuant to Section 5 of the CEA or that is registered with the Commission as a derivatives transaction execution facility (''DTEF'') pursuant to Section 5a of the CEA. In addition, Section 5f(a) of the CEA permits certain entities that are otherwise regulated by the SEC to be designated contract markets for the limited purpose of trading security futures products. Specifically, any board of trade that is registered with the SEC as a national securities exchange pursuant to Section 6(a) of the Exchange Act, is registered with the SEC as a national securities association pursuant to Section 15A(a) of the Exchange Act, or is an alternative trading system (''ATS'') as defined by Section 1a(1) of the CEA shall be a designated contract market in security futures products if certain conditions are met.[6]

On July 20, 2001, the Commission published for comment proposed rules 41.21 through 41.25,[7] which addressed issues related to listing standards and established uniform requirements related to position limits, as well as provisions to minimize the potential for manipulation and disruption to the futures markets and underlying securities markets.[8] The proposed rules also related to the allowable types of securities underlying security futures products; settlement procedures; who may deal in security futures products; restrictions on dual trading; and rules governing surveillance, audit trails, trading halts, and margin requirements.

It should be noted that in addition to satisfying the listing standards of the CEA, security futures products must conform to listing standards that a national securities exchange or national securities association files with the SEC under Section 19(b) of the Exchange Act.[9] In addition, Section 6(h)(3)(C) of the Exchange Act imposes the additional requirement that the exchange or association's listing standards for security futures products must be no less restrictive than comparable listing standards for security options. On September 5, 2001, the SEC issued guidance for boards of trade as to the listing standards that would satisfy this requirement.[10]

B. The Proposed Rules

The Commission proposed rule 41.21 to address the statutory requirements for securities that may underlie security futures products.[11] Under the proposed rules, eligible securities must be securities registered pursuant to Section 12 of the Exchange Act and must be common stock or other equity securities as the Commission and the SEC deem appropriate. The proposed rules further provided that the securities must conform to any listing standards the designated contract market or registered DTEF files with the SEC.

The Commission proposed rule 41.22 to make it unlawful for a designated contract market or registered DTEF to list for trading or execution a security futures product unless it provided the Commission with a certification that the security futures product and the board of trade meet specified requirements set forth in the CEA.[12] Accordingly, proposed rule 41.22 would require designated contract markets and registered DTEFs to certify that they meet the requirements of Section 2(a)(1)(D)(i) of the CEA. That rule required certifications regarding the types of securities underlying security futures products; the payment and delivery of security futures products; who may trade security futures products; dual trading; anti-manipulation provisions; coordinated surveillance; audit trails; trading halts; and margin requirements.

With respect to the coordinated surveillance requirement, Section 2(a)(1)(D)(i)(VIII) of the CEA requires designated contract markets and registered DTEFs on which security futures products are traded to coordinate surveillance with markets that trade the underlying security or any related security, in order to detect manipulation and insider trading. This requirement was proposed to be implemented by paragraph (g) of proposed Section 41.22, which would require that a board of trade certify that it is a full member of the Intermarket Surveillance Group (the ''ISG'').[13]

Proposed rule 41.23 described the procedures for filing documents with the Commission before a designated contract market or registered DTEF could trade a security futures product. Specifically, proposed rule 41.23(a) described the documents that must be filed with the Commission, including documents and certifications required by proposed rules 41.22 and 41.25. Proposed rule 41.23(b) described the procedures for voluntary submission by designated contract markets and registered DTEFs for Commission approval of security futures products, as permitted by Section 5c(c)(2) of the CEA. The proposed rule noted that notice designated contract markets are not permitted to request Commission approval of security futures products, since they are exempt from the provisions of 5c of the CEA by virtue of Section 5f(b)(1)(D) of the CEA.

Proposed rule 41.24 required designated contract markets (including notice designated contract markets) and registered derivatives clearing organizations to file with the Commission a copy of any rule or rule amendment. Proposed paragraph (b) mandated that the procedures of paragraph (a) also apply to the self-certification of rules relating to security futures products by registered DTEFs, notwithstanding the provisions of rule 37.7. Proposed paragraph (c) allowed a designated contract market, registered

Section 202(a) of the CFMA; Section 6(g)(5) of the Exchange Act.

[6] *See* 66 FR 44960 (August 27, 2001). In that notice, the Commission adopted new regulations that provide notice registration procedures for a national securities exchange, a national securities association, or an alternative trading system to become a designated contract market in security futures products. By registering with the Commission, a national securities exchange, a national securities association, or an alternative trading system is, by definition, a designated contract market for purposes of trading security futures products. Hence, references in these rules to designated contract markets include notice designated contract markets, except where otherwise noted.

[7] *See* 66 FR 37932 (July 20, 2001).

[8] Additional rules related to trading halts and the cash settlement of security futures products were proposed in a joint rulemaking by the Commission and the SEC. See 66 FR 45903 (August 30, 2001).

[9] *See* Section 6(h)(2) of the Exchange Act.

[10] *See* Division of Market Regulation Staff Legal Bulletin No. 15 (September 5, 2001). The Staff Legal Bulletin is available on the SEC's website at http://www.sec.gov/interps/legal/mrslb15.htm.

[11] *See* Sections 2(a)(1)(D)(i)(I) and (III) of the CEA, as created by Section 251 of the CFMA.

[12] *See* Section 2(a)(1)(D)(vii) of the CEA.

[13] The Intermarket Surveillance Group was created under the auspices of the SEC in 1983 as a forum to ensure that national securities exchanges and national securities associations adequately share surveillance information and coordinate inquiries and investigations designed to address potential intermarket manipulations and trading abuses. All national securities exchanges and national securities associations are full members of the ISG. Full members routinely share a great deal of surveillance and investigatory information, and this framework has proven to be an essential mechanism to ensure that there is adequate information sharing and investigatory coordination for potential intermarket manipulations and trading abuses. In view of the growth of stock index futures contracts, since 1987, several futures exchanges and non-U.S. exchanges and associations have become affiliate members of the ISG. Affiliate members are required to share information on a more limited basis with the ISG.

DTEF, or registered derivatives clearing organization to submit rules for Commission approval, as permitted by Section 5c(c)(2) of the CEA. However, under the proposed rule, notice designated contract markets would not be permitted to request Commission approval of rules, since Section 5f of the CEA exempts these entities from Section 5c(c)(2) of the CEA.

Proposed rule 41.25 established requirements related to data reporting, trading halts, speculative position limits, and certain contract design features related to the settlement of security futures products. The Commission proposed paragraph (a)(1) of rule 41.25 to require designated contract markets and registered DTEFs to comply with Part 16 of the Commission's regulations regarding the daily reporting of market data. Paragraph (a)(2) was reserved for the establishment of rules providing for trading halts for security futures products, which the Commission and the SEC jointly proposed in a separate release.[14]

Paragraph (a)(3) of proposed rule 41.25 required designated contract markets and registered DTEFs to adopt speculative position limits or position accountability rules for listed security futures products. The level of the position limit and whether a position limit is required would depend upon the trading activity and capitalization of the security or securities underlying the security futures product.

Paragraph (b) of proposed rule 41.25 established requirements for security futures products that are cash settled. Paragraph (b) was, in part, reserved for rules relating to acceptable cash settlement prices of security futures products. In this regard, in a separate release, the Commission and the SEC jointly proposed rules relating to the acceptable procedures for setting cash settlement prices for security futures products.[15] Proposed paragraph (c) of rule 41.25 established requirements related to security futures products that are settled by physical delivery of the underlying security or securities.

C. Overview of Comments and Final Rules

The Commission received four letters in response to its request for comment on the proposed rules.[16] Generally, the commenters supported the proposed rules, but objected to, or offered suggested modifications relating to, several individual provisions or requirements.

Except to the extent discussed below, the Commission will adopt the rules as proposed. The Commission has carefully considered the commenters' views on the proposed rules and has adopted several revisions to the proposed rules consistent with those comments.

1. Rule 41.21: Securities Eligible To Underlie Security Futures Products

AMEX suggested that the types of securities underlying security futures products should include exchange-traded funds (''EFTs''), trust issued receipts (''TIRs''), American Depositary Receipts (''ADRs''), and closed-end registered investment companies (''subject securities''). AMEX argued that these products are functionally comparable to common stock in the sense that they represent shares of securities that are registered under Section 12 of the Exchange Act.

The Commission and the SEC agree that ADRs are eligible securities for purposes of rule 41.21 under certain conditions. In this regard, on August 20, 2001, the Commission and the SEC issued a joint order modifying the requirements regarding securities underlying security futures products. In CEA and Section 6(h)(4)(A) of the Exchange Act, the Commissions modified the criteria in Section 2(a)(1)(D)(I) and (III) of the CEA and Sections 6(h)(3)(A) and (D) of the Exchange Act regarding the securities eligible for underlying security futures products. The order permits a depositary share, as defined in Exchange Act rule 12b–2,[17] to underlie a security future and be a component of a narrow-based security index, provided that two conditions are met: (1) The securities underlying the depositary share are registered pursuant to Section 12 of the Exchange Act and (2) the depositary share is registered under the Securities Act of 1933 on Form F–6.

Regarding ETFs, TIRs, and ''subject securities,'' the Commission and the SEC will consider separately the AMEX's request to allow these other securities to underlie security futures products. The Commission and the SEC will also consider what eligibility criteria and listing standards would be appropriate for such other underlying securities. The Commission and the SEC may seek public comment prior to issuing any orders regarding these securities.

Finally, the Commission has clarified the text of rule 41.21 to more clearly state that requirements for listing securities as security futures products relate to the security or securities that underlie security futures contracts.

2. Rule 41.22(d): Who May Trade Security Futures Products

CBOE noted that proposed rule 41.22(d), which lists the persons and entities who may trade or offer security futures products, does not encompass everyone who currently trades on the floor of CBOE; notably, some market makers. The proposed rule provided that only five categories of persons may trade security futures products, ''except to the extent otherwise permitted under the Securities Exchange Act of 1934 and the rules and regulations thereunder * * *.'' The rule was drafted in such a manner because Section 2(a)(1)(D)(i)(V) of the CEA explicitly provides that only futures commission merchants, introducing brokers, commodity trading advisors, commodity pool operators or associated persons subject to suitability rules comparable to those of a national securities association registered pursuant to Section 15A(a) of the Exchange Act may solicit, accept orders for, or otherwise deal in any transaction in or in connection with security futures products. By including the language ''except to the extent otherwise permitted under the Securities Exchange Act of 1934 and the rules and regulations thereunder * * *'' the Commission intended to encompass within the rule all persons and entities that are allowed to trade security futures products under the Exchange Act and its rules and regulations.

The Commission notes that brokers and dealers registered with the SEC may notice-register with the Commission to become futures commission merchants or introducing brokers.[18]In addition, it should be noted that associated persons of notice-registered futures commission merchants or introducing brokers are exempt from registration pursuant to Section 4k(5) of the CEA. These persons, however, are presumably permitted to

[14] The proposed rules relating to trading halts for security futures products can be found at 66 FR 45903 (August 30, 2001).

[15] The proposed rules relating to cash settlement for security futures products can be found at 66 FR 45903 (August 30, 2001).

[16] Comments were provided by the Chicago Mercantile Exchange (''CME'') on August 20, 2001, the Chicago Board Options Exchange (''CBOE'') on August 20, 2001, the American Stock Exchange (''AMEX'') on August 31, 2001, and the Intermarket Surveillance Group (''ISG'') on September 10, 2001.

[17] 17 CFR 240.12b–2.

[18] Section 4f of the CEA, as amended by Section 252(b) of the CFMA, allows brokers and dealers registered with the SEC to register with the Commission as futures commission merchants or introducing brokers so long as they adhere to certain requirements regarding transactions in connection with security futures products. The Commission adopted rules regarding the procedures for brokers or dealers to notice-register as a futures commission merchant or introducing broker. *See* 66 FR 43080 (August 17, 2001).

trade security futures products under the Exchange Act, and therefore qualify for certification under rule 41.22(d).

3. Rule 41.22(g): Required Membership in the Intermarket Surveillance Group

Three commenters expressed concern about the provision in proposed rule 41.22(g) that would require boards of trade trading security futures products to be full members of the Intermarket Surveillance Group in order to meet the coordinated surveillance requirement of Section (2)(a)(1)(D)(i)(VIII) of the CEA.[19] The Intermarket Surveillance Group expressed its belief that requiring ISG membership in order to trade security futures products went beyond the requirements of the CFMA, exceeds the Commission's authority, and is potentially anti-competitive. The ISG noted that membership in the ISG is not automatic, and one current member could effectively veto membership by an applicant and thus could preclude trading of security futures products by such interested board of trade. The ISG expressed strong support for a rule that would ensure coordinated surveillance among markets and noted a willingness to work with the Commission in fostering effective surveillance coordination; however, it stated that rule 41.22(g) as proposed was an inappropriate means of achieving coordinated surveillance.

CME also expressed concern that not all boards of trade would be accepted as full members of the ISG, or that they may not be accepted quickly enough so that the boards of trade could commence trading security futures products when allowed to do so under the CFMA. CME suggested that the final rule include a grace period for boards of trade that have affiliate membership status and have applied for full membership and have satisfied the membership criteria applicable to national securities exchanges but have not yet been formally accepted.

AMEX indicated that the CFTC lacked the statutory authority to compel all boards of trade that wish to trade security futures products to be full members of the ISG. Furthermore, AMEX pointed out that a board of trade may only become a member of the ISG with the unanimous approval of all of its members. Thus, membership is not guaranteed, and in any case, the application process may be lengthy.

In light of the foregoing concerns regarding the full ISG membership requirement in proposed rule 41.22(g), the Commission has determined to defer consideration of this matter at this time. The final rule published today simply sets forth the requirement that a board of trade certify that it has in place procedures for coordinated surveillance. The Commission and the SEC are addressing the appropriate means of ensuring that this statutory requirement is satisfied, and the Commissions will consider whether it is appropriate to publish final rules related to the coordinated surveillance requirement of the CEA and the Exchange Act in a separate joint rulemaking related to trading halts and requirements for cash settlement.[20] All comments received by the Commission regarding membership in the ISG in response to the instant rulemaking will be considered by both agencies in the promulgation of the final joint release. Further, the Commission would welcome additional comment concerning membership in the ISG in response to the joint rule proposal.

4. Rules 41.22(g), 41.22(h), and 41.22(i): Certifications Required by Alternative Trading Systems

CBOE raised a point applicable to proposed rules 41.22(g), (h), and (i)—namely, that the exception to the required certifications for the listing standards in these rules should only apply to alternative trading systems that are members of a national securities exchange or national securities association; and that the exception, by the terms of the CEA, should not apply to national securities exchanges or national securities associations themselves.

After considering this comment, the Commission has revised proposed rules 41.22(g), (h), and (i) to clarify what entities are exempt from making the certifications required by those rules, consistent with the language of the CEA and the Exchange Act. The final rules exempt only alternative trading systems from making these three certifications. Furthermore, the rules are clarified to exempt only those alternative trading systems that are members of either national security exchanges that have the required procedures in place, or national security associations that have the required procedures in place.

5. Rules 41.22(i) and 41.25(a)(2): Trading Halts

CBOE stated that proposed rule 41.22(i) should be clarified to explain whether the circuit breakers already in place on boards of trade are sufficient to satisfy the proposed rules regarding trading halts. The Commission notes that proposed rule 41.25(a)(2) was reserved to set forth requirements regarding trading halts. As with requirements related to cash settlement procedures for security futures products, proposed rules related to trading halt requirements were set forth in a separate joint rulemaking by the Commission and the SEC.[21] This CBOE comment will be addressed by the Commission and the SEC in promulgating those final rules.

6. Rule 41.25(a)(1): Reporting of Data

AMEX suggested that notice designated contract markets (as opposed to designated contract markets and registered DTEFs) should be exempt from the daily reporting requirements of proposed 41.25(a) if the notice designated contract market files comparable information with the SEC. The Commission routinely collects the information required by part 16 of the regulations from all futures exchanges, and it intends to do so for all exchanges trading security futures products. The Commission is unaware of any current or planned daily data collection by the Securities and Exchange Commission that is comparable to the data specified in Part 16. However, the Commission's market surveillance staff will consider requests by an exchange seeking relief from pertinent parts of these reporting requirements for which data already are available to the Commission or are not useful to the Commission's surveillance program.

7. Rule 41.25(a)(3): Speculative Position Limit Provisions

Three commenters commented on the proposed rules regarding the requirements for speculative position limits or position accountability. Two commenters noted that the proposed position limit provisions differ somewhat from the limits imposed on security and securities index options.[22] Differences cited include the specification of limits on a net, rather than a gross, position basis; the establishment of numerical limit levels that differ from those imposed on security and securities index options; and the fact that the proposed limits would apply only during the last five days of trading.

CME suggested that the Commission adopt a position accountability standard for all security futures products and not require that speculative limits be imposed for contracts on less liquid securities, as specified in the proposed rules. CBOE and AMEX did not object to the proposed speculative position limit provisions, but suggested that the

[19] CME, AMEX and ISG.

[20] *See* 66 FR 45903.

[21] See 66 FR at 45918.

[22] CBOE and AMEX.

Commission coordinate with the SEC so that speculative position limit rules for security and securities index futures products are the same as those applicable for security and securities index options. Barring that, these two commenters recommended that the Commission adopt position limit provisions that more closely resemble existing limits on option index options. In addition, CME and AMEX asked that the term ''least liquid'' be clarified in connection with applying speculative position limits for narrow-based stock indexes, and that this requirement be linked to the average daily trading volume of the average security in an index. Finally, CME recommended that the ''six months'' of calculations specified in the proposed rules should be made no more frequently than once a month.

After careful consideration of the comments, the Commission is adopting the speculative limit provisions as set forth in the proposed rules, with two modifications. In this regard, the Commission is modifying proposed rule 41.25(a)(3) by adding a new paragraph (iv) to clarify how ''average daily trading volume'' is to be calculated in determining whether speculative position limits are required and if so, the level that is applicable. These changes require calculations to be made monthly and establish procedures for implementing new levels when required, consistent with the suggestions of CME and AMEX. Further, for clarification, the term ''least liquid security'' in rule 41.25(a)(3)(ii) has been changed to the security with the lowest average daily trading volume.

In regard to CME's suggestion that the Commission adopt a position accountability standard for all security futures products, the Commission continues to believe that speculative position limits are appropriate for contracts based on securities that are less liquid or less highly capitalized. Allowing position accountability only for contracts that overlie the most liquid and highly capitalized securities is consistent with the Commission's surveillance experience and its long-standing approach regarding position accountability. Contracts based on less liquid and lower capitalized securities are more susceptible to manipulation or price distortions, and thus, the Commission believes that speculative position limits are appropriate measures to minimize the potential for these abuses.

In regard to the commenters' observations about differences in the proposed security futures product speculative position limits relative to existing security and securities index options limits, the Commission notes that the provisions are consistent with the Commission's customary approach for all other futures markets. As with other markets, the Commission believes that the speculative position limit and position accountability provisions set forth in the proposal are necessary to effectively oversee the markets and are consistent with the obligation in Section 2(a)(1)(D)(i)(VII) of the CEA that a designated contract market or registered DTEF maintain procedures to prevent manipulation of the price of the security futures product and the underlying security or securities.

As the Commission noted in the proposed rulemaking, the Commission's proposed position limit levels were set at levels that are generally comparable but not identical to the limits that currently apply to options on individual securities. The differences mainly reflect certain provisions adopted for commodity futures contracts that reflect the special characteristics of those markets. In this regard, the proposed position limit requirements for security futures differ from individual security option position limit rules in that the limits would apply only to net positions in an expiring security futures contract during its five last trading days. The Commission believes that this provision is appropriate since, consistent with its experience in conducting surveillance of other futures markets, it is during the time period near contract expiration that the potential for manipulation based on an extraordinarily large net futures position would most likely occur.

The Commission also believes that position accountability is appropriate for contracts on highly liquid and capitalized securities. In this regard, for security futures contracts based on a security that has an average daily trading volume greater than 20 million shares, the Commission believes that the threat of manipulation is sufficiently reduced such that an exchange could substitute a position accountability rule in lieu of a fixed position limit. Under such a rule, a trader holding a position in a security future that exceeded a threshold level determined by the exchange (e.g., no more than 22,500 contracts of 100 shares) would agree to provide information to the exchange regarding that position and consent to halt increasing the position if requested by the exchange.

8. Rule 41.25(b): Cash Settlement Price

CBOE stated that the cash settlement price for security futures products should be based on the underlying securities' opening price. Proposed rule 41.25(b) provided that, ''For cash-settled security futures products, the cash-settlement price must be reliable and acceptable, be reflective of prices in the underlying securities market and be not readily susceptible to manipulation.'' Part of proposed rule 41.25(b) was reserved for specific rules regarding acceptable practices for the calculation of cash settlement prices; text will be added to paragraph (b) in a future final rule. In a separate rulemaking issued jointly with the SEC, the Commission proposed that cash settlement be based on opening prices, consistent with the CBOE comment.[23] Accordingly, the Commission and the SEC will address CBOE's comment in the final rulemaking for that proposal. The Commission notes that one line of text has been removed from proposed rule 41.25(b), due to changes made to the text of that proposed rule in the joint rulemaking. This change is not substantive.

9. Applicability of Rules to Notice-Registered Entities

CBOE requested clarification as to whether the proposed rules applied to all boards of trade, including those that are notice-registered with the Commission. The Commission recently issued final rules regarding notice procedures for national securities exchanges, national securities associations, and alternative trading systems to become a designated contract market in security futures products.[24] In accordance with those rules and with Section 5f of the CEA, any board of trade that registers with the Commission as a notice designated contract market is, by definition, a designated contract market. Hence, the rules adopted today apply to designated contract markets under Section 5 of the CEA, registered DTEFs under Section 5a of the CEA, and notice designated contract markets under Section 5f of the CEA. It should be noted, however, that notice designated contract markets are exempt from certain provisions of the CEA in accordance with Section 5f(b)(1) of the CEA. The final rules, therefore, apply to all boards of trade that trade security futures products, except where otherwise explicitly noted in the rules.

II. Administrative Procedure Act

The Administrative Procedure Act (the ''APA'') generally requires that rules promulgated by an agency not be made effective less than thirty days after publication, except for, among other things, instances where the agency finds

[23] *See* 66 FR at 45918–19.

[24] *See* 66 FR 44960 (August 27, 2001).

good cause to make a rule effective sooner, and has published that finding together with the rule.[25] Pursuant to the CFMA, beginning on August 21, 2001, eligible contract participants may trade security futures products on a principal-to-principal basis. The rules being published today affect the products that eligible contract participants may trade on a designated contract market or registered DTEF. The CFTC believes good cause exists for the rules to become effective immediately, so that boards of trade can list security futures products for trading by eligible contract participants, as contemplated by the CFMA. Furthermore, to the extent that these rules have been promulgated in substantially the same form as the proposed rules, any affected boards of trade are already familiar with the rules. Therefore, the Commission concludes that there is good cause for making these rules effective immediately upon publication.

III. Costs and Benefits of the Rules

Section 15 of the CEA requires the Commission to consider the costs and benefits of its action before issuing a new regulation.[26] The Commission understands that, by its terms, Section 15 does not require the Commission to quantify the costs and benefits of a new regulation or to determine whether the benefits of the proposed regulation outweigh its costs. Nor does it require that each proposed rule be analyzed in isolation when that rule is a component of a larger package of rules or rule revisions. Rather, Section 15 simply requires the Commission to ''consider the costs and benefits'' of its action.

Section 15 further specifies that costs and benefits shall be evaluated in light of five broad areas of market and public concern: protection of market participants and the public; efficiency, competitiveness, and financial integrity of futures markets; price discovery; sound risk management practices; and other public interest considerations. Accordingly, the Commission could in its discretion give greater weight to any one of the five enumerated areas of concern and could in its discretion determine that, notwithstanding its costs, a particular rule was necessary or appropriate to protect the public interest or to effectuate any of the provisions or to accomplish any of the purposes of the CEA.

These rules constitute one part of a package of related rule provisions. The rules provide guidance and establish procedures for trading facilities to comply with governing laws related to security futures products. The Commission considered the costs and benefits of these rules, in light of the specific areas of concern identified in Section 15.[27] The rules should have no effect, from the standpoint of imposing costs or creating benefits, on the financial integrity or price discovery function of the futures and options markets or on the risk management practices of trading facilities or others. The rules also should have no material effect on the protection of market participants and the public and should not impact the efficiency and competition of the markets.

The Commission solicited comments about its consideration of these costs and benefits.[28] The Commission received no comments. Accordingly, the Commission has determined to adopt the regulations discussed above. Changes made to the proposed rules as a result of the comments do not affect the Commission's consideration of the costs and benefits of this rulemaking.

IV. Related Matters

A. Paperwork Reduction Act

The Paperwork Reduction Act (''PRA'') of 1995, 44 U.S.C. 3501 *et seq.*, imposes certain requirements on federal agencies (including the Commission) in connection with their conducting or sponsoring any collection of information as defined by the PRA. This rulemaking contains information collection requirements within the meaning of the PRA. The Commission submitted a copy of this part to the Office of Management and Budget (OMB) for its review in accordance with 44 U.S.C. 3507(d).

Collection of Information: Part 41, Relating to Security Futures Products, OMB Control Number 3038–0059.

No comments were received in response to the Commission's invitation in the notice of proposed rulemaking to comment on any paperwork burden associated with these rules.[29] *See* 44 U.S.C. 3507(d)(2).

Copies of the information collection submission to OMB are available from the Commission from the CFTC Clearance Officer, 1155 21st Street, NW, Washington, DC 20581, (202) 418–5160.

B. Regulatory Flexibility Act

The Regulatory Flexibility Act (''RFA''), 5 U.S.C. 601 *et seq.*, requires federal agencies, in promulgating rules, to consider the impact of those rules on small entities. The rules adopted herein would affect contract markets, registered DTEFs, and derivatives clearing organizations. The Commission previously established certain definitions of ''small entities'' to be used by the Commission in evaluating the impact of its rules on small entities in accordance with the RFA. In its previous determinations, the Commission concluded that contract markets, registered derivatives trading execution facilities, and derivatives clearing organizations are not small entities for the purpose of the RFA.[30] In the proposed rulemaking, the Chairman certified that these rules would not have a significant economic impact on a substantial number of small entities.[31] The Commission invited comment on this determination, but received no comments.

V. Statutory Authority

The Commission has the authority to propose these rules pursuant to Sections 1a, 2(a)(1)(D), and 5c(c) of the CEA, 7 U.S.C. 1a, 2(a)(1)(D), and 7a–2(c).

List of Subjects in 17 CFR Part 41

Reporting and recordkeeping requirements, Security futures products.

Text of Rules

In accordance with the foregoing, Title 17, chapter 1 of the Code of Federal Regulations is amended as follows:

PART 41—SECURITY FUTURES PRODUCTS

1. The authority citation for Part 41 continues to read as follows:

Authority: Sections 251 and 252, Pub. L. 106–554, 114 Stat. 2763; 7 U.S.C. 1a, 2, 6f, 6j, 7a–2, 12a.

2. Subpart C is added to read as follows:

Subpart C—Requirements and Standards for Security Futures Products

Sec.

[25] 5 U.S.C. 553(d)(3).

[26] 7 U.S.C. 19.

[27] 66 FR at 37936.

[28] 66 FR at 37936.

[29] 66 FR at 37936.

[30] *See* 47 FR 18618, 18619 (April 30, 1982) (contract markets); 66 FR 42256, 42268 (August 10, 2001) (registered derivatives trading execution facilities); 66 FR 45604, 45609 (August 29, 2001) (derivatives clearing organizations).

[31] *See* 5 U.S.C. 605(b).

Subpart C—Requirements and Standards for Listing Security Futures Products

§ 41.21 Requirements for underlying securities.

(a) *Security futures products based on a single security.* A futures contract on a single security is eligible to be traded as a security futures product only if:

(1) The underlying security is registered pursuant to Section 12 of the Securities Exchange Act of 1934;

(2) The underlying security is:

(i) Common stock, or

(ii) Such other equity security as the Commission and the SEC jointly deem appropriate; and,

(3) The underlying security conforms with the listing standards for the security futures product that the designated contract market or registered derivatives transaction execution facility has filed with the SEC under Section 19(b) of the Securities Exchange Act of 1934.

(b) *Security futures product based on two or more securities.* A futures contract on an index of two or more securities is eligible to be traded as a security futures product only if:

(1) The index is a narrow-based security index as defined in Section 1a(25) of the Act;

(2) The securities in the index are registered pursuant to Section 12 of the Securities Exchange Act of 1934;

(3) The securities in the index are:

(i) Common stock, or

(ii) Such other equity securities as the Commission and the SEC jointly deem appropriate; and,

(4) The index conforms with the listing standards for the security futures product that the designated contract market or registered derivatives transaction execution facility has filed with the SEC under Section 19(b) of the Securities Exchange Act of 1934.

§ 41.22 Required certifications.

It shall be unlawful for a designated contract market or registered derivatives transaction execution facility to list for trading or execution a security futures product unless the designated contract market or registered derivatives transaction execution facility has provided the Commission with a certification that the specific security futures product or products and the designated contract market or registered derivatives transaction execution facility meet, as applicable, the following criteria:

(a) The underlying security or securities satisfy the requirements of § 41.21;

(b) If the security futures product is not cash settled, arrangements are in place with a clearing agency registered pursuant to section 17A of the Securities Exchange Act of 1934 for the payment and delivery of the securities underlying the security futures product;

(c) Common clearing. [Reserved]

(d) Only futures commission merchants, introducing brokers, commodity trading advisors, commodity pool operators or associated persons subject to suitability rules comparable to those of a national securities association registered pursuant to section 15A(a) of the Securities Exchange Act of 1934 and the rules and regulations thereunder, except to the extent otherwise permitted under the Securities Exchange Act of 1934 and the rules and regulations thereunder, may solicit, accept any order for, or otherwise deal in any transaction in or in connection with security futures products;

(e) If the board of trade is a designated contract market pursuant to section 5 of the Act or is a registered derivatives transaction execution facility pursuant to section 5a of the Act, dual trading in these security futures products is restricted in accordance with § 41.27;

(f) Trading in the security futures products is not readily susceptible to manipulation of the price of such security futures product, nor to causing or being used in the manipulation of the price of any underlying security, option on such security, or option on a group or index including such securities, consistent with the conditions for trading of § 41.25;

(g) Procedures are in place for coordinated surveillance among the board of trade, any market on which any security underlying a security futures product is traded, and other markets on which any related security is traded to detect manipulation and insider trading. A board of trade that is an alternative trading system does not need to make this certification, provided that:

(1) The alternative trading system is a member of a national securities association registered pursuant to section 15A(a) of the Securities Exchange Act of 1934 or national securities exchange registered pursuant to section 6(a) of the Securities Exchange Act of 1934; and

(2) The national securities association or national securities exchange of which the alternative trading system is a member has in place such procedures;

(h) An audit trail is in place to facilitate coordinated surveillance among the board of trade, any market on which any security underlying a security futures product is traded, and any market on which any related security is traded. A board of trade that is an alternative trading system does not need to make this certification, provided that:

(1) The alternative trading system is a member of a national securities association registered pursuant to section 15A(a) of the Securities Exchange Act of 1934 or national securities exchange registered pursuant to section 6(a) of the Securities Exchange Act of 1934; and

(2) The national securities association or national securities exchange of which the alternative trading system is a member has in place such procedures;

(i) Procedures are in place to coordinate regulatory trading halts between the board of trade and markets on which any security underlying the security futures product is traded and other markets on which any related security is traded. A board of trade that is an alternative trading system does not need to make this certification, provided that:

(1) The alternative trading system is a member of a national securities association registered pursuant to section 15A(a) of the Securities Exchange Act of 1934 or national securities exchange registered pursuant to section 6(a) of the Securities Exchange Act of 1934; and

(2) The national securities association or national securities exchange of which the alternative trading system is a member has in place such procedures; and

(j) The margin requirements for the security futures product will comply with the provisions specified in § 41.43 through § 41.48.

§ 41.23 Listing of security futures products for trading.

(a) *Initial listing of products for trading.* To list new security futures products for trading, a designated contract market or registered derivatives transaction execution facility shall submit to the Commission at its Washington, DC headquarters, either in electronic or hard-copy form, to be received by the Commission no later than the day prior to the initiation of trading, a filing that:

(1) Is labeled ''Listing of Security Futures Product;''

(2) Includes a copy of the product's rules, including its terms and conditions;

(3) Includes the certifications required by § 41.22;

(4) Includes a certification that the terms and conditions of the contract comply with the additional conditions for trading of § 41.25; and

(5) If the board of trade is a designated contract market pursuant to section 5 of the Act or a registered derivatives

transaction execution facility pursuant to section 5a of the Act, it includes a certification that the security futures product complies with the Act and rules thereunder.

(b) *Voluntary submission of security futures products for Commission approval.* A designated contract market or registered derivatives transaction execution facility may request that the Commission approve any security futures product under the procedures of § 40.5 of this chapter, provided however that the registered entity shall include the certification required by § 41.22 with its submission under § 40.5 of this chapter. Notice designated contract markets may not request Commission approval of security futures products.

§ 41.24 Rule amendments to security futures products

(a) *Self-certification of rules and rule amendments by designated contract markets and registered derivatives clearing organizations.* A designated contract market or registered derivatives clearing organization may implement any new rule or rule amendment relating to a security futures product by submitting to the Commission at its Washington, DC headquarters, either in electronic or hard-copy form, to be received by the Commission no later than the day prior to the implementation of the rule or rule amendment, a filing that:

(1) Is labeled ''Security Futures Product Rule Submission;'

(2) Includes a copy of the new rule or rule amendment;

(3) Includes a certification that the designated contract market or registered derivatives clearing organization has filed the rule or rule amendment with the Securities and Exchange Commission, if such a filing is required; and

(4) If the board of trade is a designated contract market pursuant to section 5 of the Act or is a registered derivatives clearing organization pursuant to section 5b of the Act, it includes the documents and certifications required to be filed with the Commission pursuant to § 40.6 of this chapter, including a certification that the security futures product complies with the Act and rules thereunder.

(b) *Self-certification of rules by registered derivatives transaction execution facilities.* Notwithstanding § 37.7 of this chapter, a registered derivatives transaction execution facility may only implement a new rule or rule amendment relating to a security futures product if the registered derivatives transaction execution facility has certified the rule or rule amendment pursuant to the procedures of paragraph (a) of this section.

(c) *Voluntary submission of rules for Commission review and approval.* A designated contract market, registered derivatives transaction execution facility, or a registered derivatives clearing organization clearing security futures products may request that the Commission approve any rule or proposed rule or rule amendment relating to a security futures product under the procedures of § 40.5 of this chapter, provided however that the registered entity shall include the certifications required by § 41.22 with its submission under § 40.5 of this chapter. Notice designated contract markets may not request Commission approval of rules.

§ 41.25 Additional conditions for trading for security futures products

(a) *Common provisions.*

(1) *Reporting of data.* The designated contract market or registered derivatives transaction execution facility shall comply with chapter 16 of this title requiring the daily reporting of market data.

(2) *Regulatory trading halts.* [Reserved.]

(3) *Speculative position limits.* The designated contract market or registered derivatives transaction execution facility shall have rules in place establishing position limits or position accountability procedures for the expiring futures contract month. The designated contract market or registered derivatives transaction execution facility shall,

(i) Adopt a net position limit no greater than 13,500 (100-share) contracts applicable to positions held during the last five trading days of an expiring contract month; except where,

(A) For security futures products where the average daily trading volume in the underlying security exceeds 20 million shares, or exceeds 15 million shares and there are more than 40 million shares of the underlying security outstanding, the designated contract market or registered derivatives transaction execution facility may adopt a net position limit no greater than 22,500 (100-share) contracts applicable to positions held during the last five trading days of an expiring contract month; or

(B) For security futures products where the average daily trading volume in the underlying security exceeds 20 million shares and there are more than 40 million shares of the underlying security outstanding, the designated contract market or registered derivatives transaction execution facility may adopt a position accountability rule. Upon request by the designated contract market or registered derivatives transaction execution facility, traders who hold net positions greater than 22,500 (100-share) contracts, or such lower level specified by exchange rules, must provide information to the exchange and consent to halt increasing their positions when so ordered by the exchange.

(ii) For a security futures product comprised of more than one security, the criteria in paragraphs (a)(3)(i)(A) and (a)(3)(i)(B) of this section must apply to the security in the index with the lowest average daily trading volume.

(iii) Exchanges may approve exemptions from these position limits pursuant to rules that are consistent with § 150.3 of this chapter.

(iv) For purposes of this section, average daily trading volume shall be calculated monthly, using data for the most recent six-month period. If the data justify a higher or lower speculative limit for a security future, the designated contract market or registered derivatives transaction execution facility may raise or lower the position limit for that security future effective no earlier than the day after it has provided notification to the Commission and to the public under the submission requirements of § 41.24. If the data require imposition of a reduced position limit for a security future, the designated contract market or registered derivatives transaction execution facility may permit any trader holding a position in compliance with the previous position limit, but in excess of the reduced limit, to maintain such position through the expiration of the security futures contract; provided that the designated contract market or registered derivatives transaction execution facility does not find that the position poses a threat to the orderly expiration of such contract.

(b) *Special requirements for cash-settled contracts.* For cash-settled security futures products, the cash-settlement price must be reliable and acceptable, be reflective of prices in the underlying securities market and be not readily susceptible to manipulation.

(c) *Special requirements for physical delivery contracts.* For security futures products settled by actual delivery of the underlying security or securities, payment and delivery of the underlying security or securities must be effected through a clearing agency that is registered pursuant to section 17A of the Securities Exchange Act of 1934.

Issued in Washington, DC, on October 25, 2001, by the Commission.

Jean A. Webb,

Secretary.

[FR Doc. 01–27320 Filed 10–31–01; 8:45 am]

BILLING CODE 6351–01–P

DEPARTMENT OF TRANSPORTATION

Coast Guard

33 CFR Parts 84 and 183

46 CFR Part 25

[USCG–1999–6580]

RIN 2115–AF70

Certification of Navigation Lights for Uninspected Commercial Vessels and Recreational Vessels

AGENCY: Coast Guard, DOT.

ACTION: Final rule.

SUMMARY: The Coast Guard is requiring domestic manufacturers of vessels to install only certified navigation lights on all newly manufactured uninspected commercial vessels and recreational vessels. This rule aligns the requirements for these lights with those for inspected commercial vessels and with requirements for all other mandatory safety equipment carried on board all vessels. The Coast Guard expects the resulting reduction in the use of noncompliant lights to improve safety on the water.

DATES: This final rule is effective November 1, 2002. The incorporation by reference of certain publications listed in the rule is approved by the Director of the Federal Register as of November 1, 2002.

ADDRESSES: Comments and material received from the public, as well as documents mentioned in this preamble as being available in the docket, are part of docket USCG–1999–6580 and are available for inspection or copying at the Docket Management Facility, U.S. Department of Transportation, room PL–401, 400 Seventh Street, SW., Washington, DC, between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays. You may also find this docket on the Internet at *http://dms.dot.gov.*

FOR FURTHER INFORMATION CONTACT: If you have questions on this rule, call Randolph J. Doubt, Project Manager, Office of Boating Safety, Coast Guard, by telephone at 202–267–6810 or by e-mail at *rdoubt@comdt.uscg.mil.* If you have questions on viewing the docket, call Dorothy Beard, Chief, Dockets, Department of Transportation, telephone 202–366–5149.

SUPPLEMENTARY INFORMATION:

Regulatory History

The Coast Guard published a notice of proposed rulemaking (NPRM) to establish requirements for approval, certification, installation, and performance of navigation lights on vessels less than 20 meters in length in the **Federal Register** on September 7, 1978 (43 FR 39946), and a supplemental notice on December 29, 1980 (45 FR 85468). It published a notice withdrawing the proposed rulemaking in the **Federal Register** on January 7, 1982 (47 FR 826). The proposed rule was withdrawn because a newly established voluntary standard and Coast Guard enforcement policies were deemed sufficient.

On October 9, 1997, the Coast Guard published in the **Federal Register** (62 FR 52673) a request for comments on whether navigation lights on uninspected commercial vessels and recreational vessels need to be regulated. We received 34 comments. On August 4, 2000, we published a notice of proposed rulemaking (NPRM) entitled Certification of Navigation Lights for Uninspected Commercial Vessels and Recreational Vessels in the **Federal Register** (65 FR 47936). We received 11 comments on the proposed rule. No public hearing was requested and none was held.

Background and Purpose

The rule will direct manufacturers of uninspected commercial vessels and recreational vessels to install only navigation lights certified and labeled as meeting the technical requirements of the Navigation Rules. It will standardize the navigation light requirement for uninspected commercial vessels and recreational vessels with the requirement for inspected commercial vessels. This action is consistent with the treatment for all other items of safety equipment.

Previously, only lights specifically manufactured for inspected commercial vessels were regulated. These regulations appear in Title 46 CFR subchapter J-Electrical Engineering, and they state in part that each light must ''be certified by an independent laboratory to the requirements of [Underwriters Laboratories, Inc. (UL)] 1104 or an equivalent standard'' and be so labeled. The ''independent laboratory'' must be recognized by the Coast Guard as bonafide and have been placed on a list, which is available from G–MSE–3 at U.S. Coast Guard Headquarters, 2100 Second Street, SW., Washington, DC 20593–0001.

Rulemakings to establish regulatory controls of navigation lights on uninspected commercial vessels and recreational vessels were proposed in September 1978 and December 1980. They were withdrawn in January 1982 because a newly established voluntary standard and Coast Guard enforcement policies were deemed sufficient to eliminate the need for the regulation. However, by 1997, several entities concerned with recreational boating safety were calling for regulations.

Before April 1997, a manufacturer of navigation lights for uninspected commercial vessel and recreational vessels could voluntarily apply for a ''Letter of Acceptance'' from the U.S. Coast Guard for its light models. The Coast Guard would compare a laboratory report for each model sent by the manufacturer with the technical requirements of the International and Inland Navigation Rules (together referred to as the ''Navigation Rules''). If the reported data indicated that the light met the requirements of the Navigation Rules, the Coast Guard would grant a ''Letter of Acceptance,'' allowing the manufacturer to label the light as ''U.S. Coast Guard Accepted.'' The public often interpreted the acceptance label as meaning that a light was ''U.S. Coast Guard Approved.''

To eliminate the confusion, the Coast Guard stopped issuing Letters of Acceptance in April 1997. Consequently, vessel manufacturers, owners, surveyors, vessel inspectors, and boarding officials could rely only on a statement from the navigation light manufacturer that a model of light complied with the technical requirements of the Navigation Rules.

In 1997 the National Boating Safety Advisory Council (NBSAC)—representing operators and manufacturers of recreational vessels, State boating officials, and national boating organization—and the National Association of State Boating Law Administrators (NASBLA) passed resolutions asking the Coast Guard to require that navigation lights installed on recreational vessels offered for sale to the public be certified. The Navigation Safety Advisory Council (NAVSAC) passed a similar resolution relating to uninspected commercial vessels. In the report, ''Recreational Boat Collision Accident Research,'' UL recommended that the Coast Guard take stronger measures to ensure that navigation lights installed in recreational vessels meet the requirements established by the Navigation Rules.

A request for comments on the proposed rulemaking was published in the **Federal Register** on October 9, 1997. State law-enforcement personnel, vessel owners, marine professionals (manufacturers and marine surveyors), standard-setting organizations, manufacturers of navigation lights, and a laboratory testing navigation lights submitted comments. Of the 34 respondents, 28 favored the rule. Some expressed concern about installing lights in vessels with bow-high cruising trim angles that tend to obstruct sidelight visibility. While it would not require certification of navigation light installations, the rule will require that the installed lights be certified as compliant with the visibility requirements established by the Navigation Rules. A complete discussion of these comments was included in the NPRM, which may be found in the docket at the locations listed under **ADDRESSES**.

In its response to the October 1997 request for comments, UL stated that during the past 20 years compliance with the Navigation Rules for navigation lights has steadily declined. UL stated that about half of the lights tested have failed to meet minimum performance requirements.

To address this decline in compliance, the rule requires that vessel manufacturers install only lights that are certified. The new requirement will provide evidence of compliance to vessel manufacturers, surveyors, owners, inspectors, and boarding officials. It includes the same requirements as those for navigation lights for inspected commercial vessels; however, the light test requirements are less stringent. It also aligns with the International Navigation Rule requirement (COLREGS) for ''Approval'' (33 CFR, subchapter D, Annex I.)

The rule does not apply to the replacement of existing navigation lights on vessels completed before the designated effective date.

Discussion of Comments and Changes

Respondents to the NPRM published August 4, 2000, included State law-enforcement officials, a marine safety service, a tug operator, several tug and tow operation companies, and two waterways associations representing the towing industry. Of the nine respondents, four favored the rulemaking.

All opposing comments came from representatives of the towing industry. Some cited the expense of certifying barge mooring lights; however, barge mooring lights are outside the scope of this rule because they are not generally installed by the builder.

Other comments requested that commercial vessel lights be grandfathered. Although the NPRM did not specify that this rulemaking applied to only newly manufactured vessels, that was the original intent. This has been clarified in the final rule by adding an applicability section to the new subpart 25.10 in 46 CFR. We also added a definition section to the new subpart 25.10. Furthermore, only uninspected commercial vessels and recreational vessels are within the rule's scope, as inspected commercial vessels are covered in other regulations.

Another comment recommended that when non-certified lights need to be replaced that they be replaced with certified lights. The Coast Guard disagrees with this comment. A planned amendment to Navigation Rule 38 will grandfather all existing lights, whether installed or on the shelf, implying that original equipment may be replaced in kind.

Comments also expressed concern about bulb ''monopolies'' resulting from this rulemaking. The labeling requirements call for ''identification of the bulb used in the compliance test.'' Although ''identification'' will include bulb make along with specifications regarding wattage, rated voltage, and filament configuration, this rule does not preclude the use of any make bulb that allows the performance requirements of the light to be satisfied.

One towing company cited lack of enforcement of the Navigation Rules as the crux of the problem while another objected to using ''pre-focus lamps'' (lamps with screened lenses designed to meet the sector requirements) rather than ''incandescent rough service lamps.'' Neither of these comments are within the scope of this rule. However, the intent of this rulemaking is to discourage the use of non-compliant lights on uninspected commercial vessels and recreational vessels as a step in enforcing the Navigation Rules. A requirement for ''approval,'' or third-party certification, has always existed in the International Navigation Rules. The intent to establish a similar requirement in the Inland Rules is evidenced by Inland Rule, Annex I, 84.25 Approval, currently marked ''reserved.'' This rule satisfies that intent.

Additionally, the need for this rule is reflected in a memo from Marine Safety Office, New Orleans to the Executive Director, Navigation Safety Advisory Committee that details problems associated with lights noncompliant with the International Navigation Rules and the Inland Rules and includes accident examples implicating improper navigation lights. This memo has been placed in the docket for this rulemaking as supplemental information and may be viewed at the locations listed on the **ADDRESSES** section of this document.

Of those favoring the rulemaking, a comment from a State law-enforcement agency reported that a significant number of collisions occur during the hours of darkness or reduced visibility, and that not seeing the other vessel's navigation lights is commonly cited as the cause. The U.S. Coast Guard agrees with this comment and has placed a letter from the City of Fort Lauderdale and the U.S. Coast Guard's response in the docket for this rulemaking as supplemental information. The letter refers to a horrendous nighttime collision in November 1997, which prompted an accident record review that caused city officials to question the adequacy of the navigation lights.

One comment recommended a more stringent labeling requirement. The Coast Guard agrees and has amended the labeling requirement to read that the label must be permanent and indelible and that it be visible without removing or disassembling the light. Another comment favoring the rulemaking stated that UL 1104 is too stringent as a testing standard. The Coast Guard also agrees with this comment. ABYC A–16, the most basic standard, has been substituted for UL 1104.

The aforementioned comments, combined with those received from UL in response to our original request for comments on October 9, 1997, indicate substantial support for the rulemaking. The UL comments state that more than half of the lights for small craft, which are not regulated, do not comply with minimum Navigation Rule requirements, but most regulated lights, that is, those for commercial vessels, do.

The new rule will be placed in Title 33 CFR, Part 183, subpart M, and not subpart I. We noticed after publication of the NPRM that subpart I applies only to gasoline-powered vessels. To ensure that the regulation properly applies to all uninspected commercial and recreational vessels, as originally stated in the preamble to the NPRM (65 FR 47938), we are recodifying the regulation in a new subpart. This has required that we draft new applicability and definitions sections to be placed in subpart M. These additions do not change the rule.

Regulatory Evaluation

This rule is not a 'significant regulatory action' under section 3(f) of Executive Order 12866 and does not require an assessment of potential costs

and benefits under section 6(a)(3) of that Order. The Office of Management and Budget (OMB) has not reviewed this rule under that Order. Since we expect the economic effect of this rule to be very minimal, a full Regulatory Evaluation under paragraph 10(e) of the regulatory policies and procedures of DOT is not necessary.

Costs of the Rule

(1) Manufacturers of navigation lights will incur initial costs for laboratory tests to certify that their lights comply with Navigation Rules. This may result in a minor increase in the market price for certified lights. Navigation light manufacturers will pass these costs on to vessel manufacturers. In turn, the vessel manufacturers will charge consumers more. We conclude that these increases should be so small that their effect on vessel manufacturers and consumers will be negligible.

Most recreational vessel manufacturers install navigation lights on their vessels. We have discovered that eight types of lights are now on the market, and each light manufacturer may make multiple models of each type. Our survey of available lights determined that each manufacturer produces an average of 10 models for each type and introduces 3 new models a year. Certification will require that a representative light of each model pass a performance test before it is marketed. Specifically, we identified nine domestic manufacturers of lights that this rule might affect. To conduct a cost analysis involving these nine manufacturers we must allow a one-year delay in the effective date of this rule. The one-year delay will allow the navigation light manufacturers time to alter their products and procedures to meet certification requirements. Consequently, initial costs will not begin to incur until the year 2002, when the rule becomes effective. Given that 3 new models are introduced each year, we will set a period of 15 years over which the analysis of the impacts of this rule will span. For the first year, 2002, we have analyzed the cost of certifying currently available models. For the remaining fourteen years, 2003–2016, we analyze the cost of certifying new models.

An e-mail exchange between the Office of Boating Safety and a navigation light manufacturer regarding costs associated with this rule can be found in the docket for this rulemaking.

In conversations with UL and Imanna Laboratory, testing laboratories approved by the Coast Guard, we developed an estimate of $500 for a performance test of each model. Volume discounts for multiple model tests from these laboratories will decrease the cost of each model to $400. We can therefore calculate a partial cost of the rule as follows.

Types of light	×	No. of models of lights	×	No. of manufacturers	×	Cost per test for each model	=	Total cost
8		10		9		$400		$288,000

To account for the current value of benefits and costs in the future, we determined the present value of this cost to 2001 through discounting. The present value represents the expected value of any benefits or costs-one-time or recurring-discounted by the interest rate compounded over the period of analysis. The Office of Management and Budget requires that all Federal Agencies, including the Department of Transportation, use a standard discount rate of 7 percent, which we incorporate into our cost analysis. A partial calculation of the total cost of the rule is therefore the following:

($288,000)/(1.07)1 = $269,158.88 = Partial Cost 1

This figure is the one-time testing cost for the total of all existing models of lights occurring during the first year of the regulation. If a manufacturer decides to introduce a new model of light, that model will also have to be tested by an independent laboratory approved by the Coast Guard before it can be marketed. When calculating costs, we must also account for the three new models of lights that each manufacturer sends yearly to the market. In order to perform this calculation we sum the cost over the remaining 14 years using a discount rate of 7 percent through the following formula:

$$\sum_{n=2}^{15}\left[(\text{no. of manufacturers})\times(\text{no. of models})\times(\text{testing cost per light})\right]/(1.07)^{n}$$

We know that the nine manufacturers of navigation lights introduce three new models each year with a testing cost of $400 per model. We can say that the cost associated with testing three new models each year can be calculated by inserting the number of manufacturers, number of models, and testing costs into the above equation,

$$\sum_{n=2}^{15}\left[(9)\times(3)\times(\$400)\right]/(1.07)^{n} = \$88{,}272.00 = \text{Partial Cost 2}$$

The present value of the total testing over 15 years is therefore:

$269,158.88 + $88,272.00 = $357,430.88

(2) New labeling requirements for the certified lights will add to the cost of the regulation. Much of the verification will be printable on an insert with the package, or on a sticker (described in Title 33 CFR 183.810). This rule will not involve modification of the package to accommodate the labeling. Using estimates from labeling companies, we have determined that manufacturers will pay about $240 for 1,000 labels. Since the Notice of Proposal for Rulemaking, we have obtained a more accurate cost for labels and have revised our analysis to include $240 for labeling costs in the formula. When computing labeling costs, we make the following assumptions: each model will need 1000 labels, each of 9 manufacturers produces 10 models of each of 6 light

types, and each manufacturer introduces 3 new models per year. We first compute the one-time cost of labeling for the 10 models of each type of light.

Types of light	×	No. of models of lights	×	No. of manufacturers	×	Labeling costs for each model	=	Partial labeling cost
8		10		9		$240		$172,800

In computing the cost of labeling we must also include a one-time $45 plate charge for each model. This means that $10 \times 9 \times 8 \times 45 = \$32,400$ must be added to $172,800 for obtaining $205,500 as the labeling cost for the existing ten models. The present value of this cost is $205,500/1.07 or $192,056.

The cost of labeling for the three new models of lights introduced can be computed as follows:

$$\sum_{n=2}^{15}\left[(9 \text{ manufacturers} \times 3 \text{ new models} \times \$240)\right]/(1.07)^n = 52{,}963.$$

Calculating labeling costs for the three new models would again require us to add the one-time cost of the plate.

$$\sum_{n=2}^{15}\left[(9 \text{ manufacturers} \times 3 \text{ new models} \times \$45)\right]/(1.07)^n = \$695.14.$$

The total cost of labeling would therefore be $192,056 + 52,963 + 695.14 or $245,714.14. This represents Partial Cost 3. Finally we can say that the present value of the total cost of the rule is:

Partial Cost 1 + Partial Cost 2 + Partial Cost 3 = $269,158.88 + $88,272.00 + $245,714.14 = $60,3145.02

Benefits of the Rule

(1) Certification will place navigation lights under regulatory control comparable to that affecting all other items of mandatory safety equipment. This will result in a general improvement in reliability, quality, and effectiveness of domestic and imported lights available to domestic manufacturers of vessels.

(2) This rule will discourage the practice of installing lights, custom-made or other, that are not compliant with the Navigation Rules. Navigation lights are safety equipment with the designated purpose of preventing collisions. According to the 2000 Boating Accident Reporting Database (BARD) statistics collected by the U.S. Coast Guard, accidents due to collisions with another vessel account for 35 percent of all reported boating accidents occurring over the year. These collisions lead to fatalities and injuries as well as property damage. Consequently, fatalities and injuries due to a collision with another vessel comprise around 10 percent of all reported fatalities and 32 percent of all reported injuries arising from recreational boating accidents. These BARD statistics also indicate that accidents involving a collision with another vessel result in property damages amounting to $8,735,300. The intent of this regulation is to reduce these numbers and lessen the costs society pays in terms of property damage, lives lost, or injuries when collisions occur.

(3) Lack of compliance with rules for navigation lights has also led to recalls of certain recreational vessels. Under the Federal Boat Safety Act of 1971, the U.S. Coast Guard can declare non-complaint lights as ''defective'' once they are installed. Recreational boats with defective items are subject to recall completely at the vessel manufacturers' expense. According to U.S Coast Guard data on recalls, recreational vessels of 13 different makes have been recalled as a result of the navigation lights failing to comply with the Navigation Rules since 1990. This regulation would therefore minimize the recall cost burden placed on vessel manufacturers by assuring them that a light meets the Navigation Rules requirements before they begin installation.

(4) Certification will also facilitate exports to countries enforcing the requirement of the COLREGS for approval of navigation lights.

Small Entities

Under the Regulatory Flexibility Act (5 U.S.C. 601–612), we have considered whether this rule would have a significant economic impact on a substantial number of small entities. The term ''small entities'' comprises small businesses, not-for-profit organizations independently owned and operated and not dominant in their fields, and governmental jurisdictions with populations of less than 50,000. We identified nine manufacturers who could be affected by this rule. Four out of the nine manufacturers qualify as small businesses by the size standards of the Small Business Association (SBA). However, we observed that the four businesses we identified as small entities offer fewer models of each type of light than their larger competitors. These 4 manufacturers offer between 1 and 5 models of each type, which is well below the average of 10 models each. Therefore, we do not believe that they will bear a disproportionate amount of the burden of this rule. We have found that these four manufacturers have annual revenues of $2.5m-$5.0m; $5.0m-$10m; $10m-$20m; and $20m-$50m. The greatest possible cost for testing and labeling incurred by these four light manufacturers would be $18,000, or $685 (testing + labeling costs) $\times$ 6 light types $\times$ 5 models per type. In addition to this, if they each test at least two new models per year then they will have to bear an extra $1,280, or $685 $\times$ 2. A total of $19,200 is well below 5 percent of the revenue of even the smallest company, indicating that this regulation will have a negligible

effect on revenues to these small businesses. We expect prices in the industry will remain stable allowing companies to competitively enter the industry. Therefore, the Coast Guard certifies under 5 U.S.C. 605(b) that this final rule will not have a significant economic impact on a substantial number of small entities.

Assistance for Small Entities

Under section 213(a) of the Small Business Regulatory Enforcement Fairness Act of 1996 (Public Law 104–121), we offered to assist small entities in understanding the rule so that they could better evaluate its effects on them and participate in the rulemaking.

Small businesses may send comments on the actions of Federal employees who enforce, or otherwise determine compliance with, Federal regulations to the Small Business and Agriculture Regulatory Enforcement Ombudsman and the Regional Small Business Regulatory Fairness Boards. The Ombudsman evaluates these actions annually and rates each agency's responsiveness to small business. If you wish to comment on actions by employees of the Coast Guard, call 1–888–REG–FAIR (1–888–734–3247).

Collection of Information

This rule would call for a new collection of information under the Paperwork Reduction Act of 1995 [44 U.S.C. 3501–3520]. As defined in 5 CFR 1320.3(c), ''collection of information'' comprises reporting, recordkeeping, monitoring, posting, labeling, and other similar actions. The title and description of the collections, a description of those who perform them, and an estimate of the total annual burden follow. The estimate covers the time for submitting a new model of light to the third-party certifier and for designing a label for each model of light.

Summary of the Collection of Information

The rule will impose a new burden of collection of information on manufacturers of navigational lights for uninspected commercial vessels and recreational vessels. Each manufacturer of the lights would incur a one-time burden of submitting paperwork to the third-party certifier and of designing labeling for each model of light.

Need and Proposed Use for Information

This collection of information is necessary to accomplish the third-party certification and the labeling. The third-party certifier would use the information to document and test the models of lights. Once the model had passed performance testing, the manufacturer of the light would design and provide a label for its product so the consumer would know that the product was certified.

Description of Respondents

The collection of information would affect the current manufacturers of navigational lights for recreational and uninspected vessels. It would also affect any future manufacturers that may enter the market.

Number of Respondents

There are nine manufacturers of lights in the market. This collection of information will affect them all.

Frequency of Response

This collection would take place only when a manufacturer undertook to place a new light on the market.

Burden of Response

We estimate that it would take one employee about one hour to prepare the paperwork to submit a light for performance tests. He or she would be an administrative assistant and, as such, would cost around $24 an hour. If each of these manufacturers submitted three new models of lights for testing each year, the burden for the submitted would be 27 hours and $648.

We also estimate that it would take one employee about one hour to update the labeling for each new model. He or she, too, would cost around $24 an hour. The burden for the labeling requirement would likewise be 27 hours and $648 if each of nine manufacturers submitted 3 new models for testing each year.

Estimate of Total Annual Burden

Using the above estimates, the total burden in hours would be 54 and the total cost would be $1,296.

As required by the Paperwork Reduction Act of 1995 (44 U.S.C. 35)7(d), we have submitted a copy of this rule to the Office of Management and Budget (OMB) for its review of the collection of information. OMB has approved the collection. The section numbers are 33 CFR part 183 and 46 CFR 25. The corresponding approval number from OMB is OMB Control Number 2115–0645, which expires on September 9, 2003. You are not required to respond to a collection of information unless it displays a currently valid OMB Control Number.

Federalism

A rule has implications for federalism under Executive Order 13132, Federalism, if it has a substantial direct effect on State or local governments and would either preempt State law or impose a substantial direct cost of compliance on them. We have analyzed this rule under that Order and have determined that it does not have implications for federalism.

It is well settled that States may not regulate in categories reserved for regulation by the Coast Guard. It is also well settled, now, that all of the categories covered in 46 U.S.C. 3306, 3703, 7101, and 8101 (design, construction, alteration, repair, maintenance, operation, equipping, personnel qualification, and manning of vessels), as well as the reporting of casualties and any other category in which Congress intended the Coast Guard to be the sole source of a vessel's obligations, are within the field foreclosed from regulation by the States. (See the decision of the Supreme Court in the consolidated cases of *United States* v. *Locke and Intertanko* v. *Locke*, 529 U.S. 89, 120 S.Ct. 1135 (March 6, 2000).) Because the States may not regulate within this category, preemption under Executive Order 13132 is not an issue.

Unfunded Mandates Reform Act

The Unfunded Mandates Reform Act of 1995 (2 U.S.C. 1531–1538) requires Federal agencies to assess the effects of their discretionary regulatory actions. In particular, the Act addresses actions that may result in the expenditure by a State, local, or tribal government, in the aggregate, or by the private sector of $100,000,000 or more in any one year. Though this rule will not result in such an expenditure, we do discuss the effects of this rule elsewhere in this preamble.

Taking of Private Property

This rule will not effect a taking of private property or otherwise have taking implications under Executive Order 12630, Governmental Actions and Interference with Constitutionally Protected Property Rights.

Civil Justice Reform

This rule meets applicable standards in sections 3(a) and 3(b)(2) of Executive Order 12988, Civil Justice Reform, to minimize litigation, eliminate ambiguity, and reduce burden.

Protection of Children

We have analyzed this rule under Executive Order 13045, Protection of Children from Environmental Health Risks and Safety Risks. This rule is not an economically significant rule and does not create an environmental risk to

health or risk to safety that may disproportionately affect children.

Indian Tribal Governments

This rule does not have tribal implications under Executive Order 13175, Consultation and Coordination with Indian Tribal Governments, because it does not have a substantial direct effect on one or more Indian tribes, on the relationship between the Federal Government and Indian tribes, or on the distribution of power and responsibilities between the Federal Government and Indian tribes.

Energy Effects

We have analyzed this rule under Executive Order 13211, Actions Concerning Regulations That Significantly Affect Energy Supply, Distribution, or Use. We have determined that it is not a ''significant energy action'' under that order because it is not a ''significant regulatory action'' under Executive Order 12866 and is not likely to have a significant adverse effect on the supply, distribution, or use of energy. It has not been designated by the Administrator of the Office of Information and Regulatory Affairs as a significant energy action. Therefore, it does not require a Statement of Energy Effects under Executive Order 13211.

Environment

We have considered the environmental impact of this rule and concluded that, under figure 2–1. paragraph (34)(d), of Commandant Instruction M16475.1C, this rule is categorically excluded from further environmental documentation. A requirement for certification of navigation lights should not have any environmental impact. A Determination of Categorical Exclusion is available in the docket where indicated under **ADDRESSES**.

List of Subjects

33 CFR Part 84

Navigation (water), Waterways.

33 CFR Part 183

Incorporation by reference, Marine safety.

46 CFR Part 25

Fire prevention, Incorporation by reference, Marine safety, Reporting and recordkeeping requirements.

For the reasons discussed in the preamble, the Coast Guard amends 33 CFR parts 84 and 183, and 46 CFR part 25, as follows:

PART 84—ANNEX I: POSITIONING AND TECHNICAL DETAILS OF LIGHTS AND SHAPES

1. The citation of authority for part 84 continues to read as follows:

Authority: 33 U.S.C. 2071; 49 CFR 1.46.

2. Add § 84.25 to read as follows:

§ 84.25 Approval.

The construction of lights and shapes and the installation of lights on board the vessel must satisfy the Commandant, U.S. Coast Guard.

PART 183—BOATS AND ASSOCIATED EQUIPMENT

3. The citation of authority for part 183 continues to read as follows:

Authority: 46 U.S.C. 4302; 49 CFR 1.46.

4. Amend § 183.5 (b) by adding in alphabetical order the following standard:

§ 183.5 Incorporation by reference.

* * * * *

(b) * * *

American Boat and Yacht Council, Inc., 3069 Solomons Island Road, Edgewater, Maryland 21037–1416

ABYC A–16 Electric Navigation Lights-1997 § 183.810

* * * * *

5. Add subpart M to part 183 to read as follows:

Subpart M—Navigation Lights

Sec.

§ 183.801 Applicability.

This subpart applies to recreational vessel manufacturers, distributors, and dealers installing such equipment in new recreational vessels constructed after November 1, 2002.

§ 183.803 Definitions.

As used in this subpart:

Dealer means any person who is engaged in the sale and distribution of recreational vessels to purchasers who the seller in good faith believes to be purchasing any such recreational vessel for purposes other than resale.

Distributor means any person engaged in the sale and distribution of recreational vessels for the purpose of resale.

Manufacturer means any person engaged in:

(1) The manufacture, construction, or assembly of recreational vessels, or

(2) The importation of recreational vessels into the United States for subsequent sale.

Navigation lights are those lights prescribed by the Navigation Rules (Commandant Instruction 16672.2 series) to indicate a vessel's presence, type, operation, and relative heading.

§ 183.810 Navigation light certification requirements.

(a) Except as provided by paragraph (b) of this section, each navigation light must—

(1) Meet the technical standards of the applicable Navigation Rules;

(2) Be certified by a laboratory listed by the Coast Guard to the standards of ABYC A–16 (incorporated by reference, see § 183.5) or equivalent, although portable battery-powered lights need only meet the requirements of the standard applicable to them; and

(3) Bear a permanent and indelible label that is visible without removing or disassembling the light and that states the following:

(i) ''USCG Approval 33 CFR 183.810.''

(ii) ''MEETS_____.'' (Insert the identification name or number of the standard under paragraph (a)(2) of this section, to which the laboratory type-tested.)

(iii) ''TESTED BY_____.'' (Insert the name or registered certification-mark of the laboratory listed by the Coast Guard that tested the fixture to the standard under paragraph (a)(2) of this section.)

(iv) Name of manufacturer.

(v) Number of model.

(vi) Visibility of the light in nautical miles.

(vii) Date on which the light was type-tested.

(viii) Identification and specifications of the bulb used in the compliance test.

(b) If a light is too small to attach the required label—

(1) Place the information from the label in or on the package that contains the light; and

(2) Mark each light ''USCG'' followed by the certified range of visibility in nautical miles (nm), for example, ''USCG 2nm''. Once installed, this mark must be visible without removing the light.

46 CFR PART 25—REQUIREMENTS

6. The citation of authority for part 25 continues to read as follows:

Authority: 33 U.S.C. 1903(b); 46 U.S.C. 3306, 4302; 49 CFR 1.46.

7. Amend § 25.01–3(b) by adding the following standard in numerical order to those listed under American Boat and Yacht Council as follows:

§ 25.01–3 Incorporation by reference.

* * * * *

(b) * * *

Standard A–16–97, Electric Navigation Lights, July 1997	§ 25.10–3

* * * * *

8. Add subpart 25.10 to part 25 to read as follows:

Subpart 25.10—Navigation Lights

Sec.

§ 25.10–1 Applicability.

This subpart applies to vessel manufacturers, distributors, and dealers installing navigation lights on all uninspected commercial vessels, except those completed before November 7, 2002.

§ 25.10–2 Definitions.

As used in this subpart:

Dealer means any person who is engaged in the sale and distribution of vessels to purchasers who the seller in good faith believes to be purchasing any such vessel for purposes other than resale.

Distributor means any person engaged in the sale and distribution of vessels for the purpose of resale.

Manufacturer means any person engaged in:

(1) The manufacture, construction, or assembly of vessels, or

(2) The importation of vessels into the United States for subsequent sale.

Navigation lights are those lights prescribed by the Navigation Rules (Commandant Instruction 16672.2 series) to indicate a vessel's presence, type, operation, and relative heading.

§ 25.10–3 Navigation light certification requirements.

(a) Except as provided by paragraph (b) of this section, each navigation light must—

(1) Meet the technical standards of the applicable Navigation Rules;

(2) Be certified by a laboratory listed by the Coast Guard to the standards of ABYC A–16 (incorporated by reference, see § 25.01–3), or equivalent, although portable battery-powered lights need only meet the requirements of the standard applicable to them; and

(3) Bear a permanent and indelible label stating the following:

(i) ''USCG Approval 33 CFR 183.810''

(ii) ''MEETS _.'' (Insert the identification name or number of the standard under paragraph (a)(2) of this section, to which the light was type-tested.)

(iii) ''TESTED BY _.'' (Insert the name or registered certification-mark of the laboratory listed by the Coast Guard that tested the fixture to the standard under paragraph (a)(2) of this section.)

(iv) Name of Manufacturer.

(v) Number of Model.

(vi) Visibility of the light in nautical miles (nm).

(vii) Date on which the light was type-tested.

(viii) Identification of bulb used in the compliance test.

(b) If a light is too small to attach the required label—

(1) Place the information from the label in or on the package that contains the light; and

(2) Mark each light ''USCG'' followed by the certified range of visibility in nautical miles, for example, ''USCG 2nm.'' Once installed, this mark must be visible without removing the light.

Dated: October 4, 2001.

Kenneth T. Venuto,

Rear Admiral, U.S. Coast Guard, Acting Assistant Commandant for Operations.

[FR Doc. 01–27385 Filed 10–31–01; 8:45 am]

BILLING CODE 4910–15–P

DEPARTMENT OF AGRICULTURE

Forest Service

36 CFR Part 242

DEPARTMENT OF THE INTERIOR

Fish and Wildlife Service

50 CFR Part 100

Subsistence Management Regulations for Public Lands in Alaska, Subpart D; Emergency Closures and Adjustments—Yukon River Drainage

AGENCIES: Forest Service, USDA; Fish and Wildlife Service, Interior.

ACTION: Emergency closures and adjustments.

SUMMARY: This provides notice of the Federal Subsistence Board's in-season management actions to protect chinook and chum salmon escapement in the Yukon River drainage. These regulatory adjustments and the closures provide an exception to the Subsistence Management Regulations for Public Lands in Alaska, published in the **Federal Register** on February 13, 2001. Those regulations established seasons, harvest limits, methods, and means relating to the taking of fish and shellfish for subsistence uses during the 2001 regulatory year.

DATES: The twenty-eighth Yukon River drainage action is effective September 10, 2001, through November 9, 2001, for Subdistrict 6A; and September 11, 2001, through November 9, 2001, for Subdistrict 5A. See **SUPPLEMENTARY INFORMATION** for effective dates of the fourth through twenty-seventh Yukon River drainage actions.

FOR FURTHER INFORMATION CONTACT: Thomas H. Boyd, Office of Subsistence Management, U.S. Fish and Wildlife Service, telephone (907) 786–3888. For questions specific to National Forest System lands, contact Ken Thompson, Subsistence Program Manager, USDA—Forest Service, Alaska Region, telephone (907) 786–3592.

SUPPLEMENTARY INFORMATION:

Previously Effective Dates

The fourth Yukon River drainage action was effective June 12, 2001, through August 11, 2001, for Districts 1, 2, and 3. The fifth Yukon River drainage action was effective June 13, 2001, through August 12, 2001, for District 4. The sixth Yukon River drainage action was effective June 19, 2001, through August 18, 2001, for the Coastal District; June 21, 2001, through August 18, 2001, for District 1; June 24, 2001, through August 18, 2001, for District 2; and June 27, 2001, through August 18, 2001, for District 3. The seventh Yukon River drainage action was effective June 22, 2001, through July 30, 2001, for District 5. The eighth Yukon River drainage action was effective June 26, 2001, through August 25, 2001, for Districts 1–4. The ninth Yukon River drainage action was effective June 28, 2001, through August 27, 2001, for District 1; July 1, 2001, through August 27, 2001, for District 2; and July 4, 2001, through August 18, 2001, for District 3. The tenth Yukon River drainage action was effective July 1, 2001, through August 30, 2001, for Subdistrict 4A and July 4, 2001, through August 30, 2001, for Subdistricts 4B and 4C. The eleventh Yukon River drainage action was effective July 1, 2001, through August 30, 2001, for Districts 1, 2, 3, and 4 and Subdistricts 5A, 5B, and 5C. The twelfth Yukon River drainage action was effective July 4, 2001, through September 2, 2001, for the Koyukuk River. The thirteenth Yukon River drainage action was effective July 5, 2001, through September 4, 2001, for District 1 and July 6, 2001, through September 4, 2001, for Districts 2 and 3. The fourteenth Yukon River drainage action was effective July 8, 2001, through September 6, 2001, for Subdistrict 4A and July 11, 2001, through September 6, 2001, for

Subdistricts 4B and 4C. The fifteenth Yukon River drainage action was effective July 10, 2001, through September 8, 2001, for Subdistricts 5B and 5C. The sixteenth Yukon River drainage action was effective July 13, 2001, through September 11, 2001, for Subdistrict 5A and July 17, 2001, through September 11, 2001, for Subdistrict 5D. The seventeenth Yukon River drainage action was effective July 20, 2001, through September 18, 2001, for Districts 1, 2, and 3. The eighteenth Yukon River drainage action was effective July 20, 2001, through September 18, 2001, for Subdistrict 5A. The nineteenth Yukon River drainage action was effective July 29, 2001, through September 27, 2001, for District 4 including the Koyukuk River. The twentieth Yukon River drainage action was effective July 27, 2001, through July 30, 2001, for all Federal waters of the Yukon River drainage. The twenty-first Yukon River drainage action was effective August 2, 2001, through October 1, 2001, for Subdistrict 5D and August 3, 2001, through October 1, 2001, for Subdistricts 5A, 5B, and 5C. The twenty-second Yukon River drainage action was effective August 6, 2001, through October 5, 2001, for all Federal waters of the Yukon River drainage. The twenty-third Yukon River drainage action was effective August 6, 2001, through October 5, 2001, for Districts 1–3; August 7, 2001, through October 5, 2001, for Subdistricts 5B and 5C; and August 8, 2001, through October 5, 2001, for District 4. The twenty-fourth Yukon River drainage action was effective August 8, 2001, through October 7, 2001, for District 4; August 9, 2001, through October 7, 2001, for Subdistricts 5B and 5C and Districts 1–3. The twenty-fifth Yukon River drainage action was effective August 9, 2001, through October 9, 2001, for Subdistrict 5A. The twenty-sixth Yukon River drainage action was effective August 10, 2001, rescinding the twenty-second Yukon River action for Districts 1–6. The twenty-seventh Yukon River drainage action is effective August 20, 2001, through October 19, 2001, for Subdistrict 6A; and August 21, 2001, through October 19, 2001, for Subdistrict 5A.

Background

Title VIII of the Alaska National Interest Lands Conservation Act (ANILCA) (16 U.S.C. 3111–3126) requires that the Secretary of the Interior and the Secretary of Agriculture (Secretaries) implement a joint program to grant a preference for subsistence uses of fish and wildlife resources on public lands in Alaska, unless the State of Alaska enacts and implements laws of general applicability that are consistent with ANILCA and that provide for the subsistence definition, preference, and participation specified in Sections 803, 804, and 805 of ANILCA. In December 1989, the Alaska Supreme Court ruled that the rural preference in the State subsistence statute violated the Alaska Constitution and, therefore, negated State compliance with ANILCA.

The Department of the Interior and the Department of Agriculture (Departments) assumed, on July 1, 1990, responsibility for implementation of Title VIII of ANILCA on public lands. The Departments administer Title VIII through regulations at Title 50, Part 100 and Title 36, Part 242 of the Code of Federal Regulations (CFR). Consistent with Subparts A, B, and C of these regulations, as revised January 8, 1999, (64 FR 1276), the Departments established a Federal Subsistence Board to administer the Federal Subsistence Management Program. The Board's composition includes a Chair appointed by the Secretary of the Interior with concurrence of the Secretary of Agriculture; the Alaska Regional Director, U.S. Fish and Wildlife Service; the Alaska Regional Director, National Park Service; the Alaska State Director, Bureau of Land Management; the Alaska Regional Director, Bureau of Indian Affairs; and the Alaska Regional Forester, USDA Forest Service. Through the Board, these agencies participate in the development of regulations for Subparts A, B, and C, which establish the program structure and determine which Alaska residents are eligible to take specific species for subsistence uses, and the annual Subpart D regulations, which establish seasons, harvest limits, and methods and means for subsistence take of species in specific areas. Subpart D regulations for the 2001 fishing seasons, harvest limits, and methods and means were published on February 13, 2001, (66 FR 10142). Because this rule relates to public lands managed by an agency or agencies in both the Departments of Agriculture and the Interior, identical closures and adjustments would apply to 36 CFR part 242 and 50 CFR part 100.

The Alaska Department of Fish and Game (ADF&G), under the direction of the Alaska Board of Fisheries (BOF), manages sport, commercial, personal use, and State subsistence harvest on all lands and waters throughout Alaska. However, on Federal lands and waters, the Federal Subsistence Board implements a subsistence priority for rural residents as provided by Title VIII of ANILCA. In providing this priority, the Board may, when necessary, preempt State harvest regulations for fish or wildlife on Federal lands and waters.

These emergency closures (restricted subsistence fishing schedules) and adjustments are necessary because of predictions of extremely weak returns of chinook, summer-run chum, and fall-run chum salmon in the Yukon River drainage. These emergency actions are authorized and in accordance with 50 CFR 100.19(d) and 36 CFR 242.19(d).

Yukon River Drainage

It now appears that returns of chinook, summer, and fall chum salmon to the Yukon River in 2001 have been at or slightly larger than the record lows of 2000. Very low catches of chinook and chum salmon were reported by many subsistence fishermen in 2000. Chinook and summer chum salmon escapement monitoring projects in 2000 showed that the returns of these species were very weak throughout most of the Yukon River drainage. Federal and State Managers and most subsistence users in the region have had strong concerns that not enough chinook or summer chum salmon would reach their spawning grounds in 2001. There were similar concerns that subsistence needs in some areas would not be met.

At their January 2001 meeting, the BOF identified the Yukon River chinook and chum salmon as stocks of concern and for the first time implemented a reduced subsistence fishing schedule to decrease confusion among users, increase the quality of escapement, spread the harvest throughout the run, and spread subsistence opportunity among users. In addition, ADF&G has indicated that any commercial fishing periods were highly unlikely for the Yukon River and that they would close the sport fishery for chinook salmon if the runs were weak. The ADF&G biologists and U.S. Fish & Wildlife Service personnel conducted public meetings, produced information posters, and published news articles to let the local users know about concerns regarding the expected low salmon returns and advised them regarding the restrictions and closures to protect spawning escapement.

Overall, both the chinook and summer chum salmon runs were assessed to be low in abundance. Restrictions in fishing time were initially implemented in District 1 and moved upriver sequentially to conserve both chinook and summer chum salmon. When it was determined the summer chum salmon return would not meet a population size of 600,000 fish, gear restrictions were implemented in

District 1 on July 5, and also implemented sequentially upriver, to prohibit directed summer chum salmon harvest.

The chinook salmon run now appears to be a little better than last year. The restricted subsistence fishing schedule successfully increased the quality of the escapement, spread the harvest throughout the run and spread subsistence harvest opportunity among users in the lower, middle and upper Yukon River. Subsistence salmon fishing time was restricted throughout the drainage to conserve chinook salmon. Subsistence catch reports have been variable with success rates ranging from very good to poor. It appears that most individuals who tried, were able to meet their subsistence needs for chinook salmon, while some individuals were unable to meet their needs for chum salmon.

Early in the fall chum salmon season, there was great concern that this stock would not attain the minimum escapement goal. The poor outlook predicting a weak fall chum salmon run was based on the performance of the this years summer chum run and the realization that the trend of poor salmon production could continue for this year's fall season. The initial evaluation of all available information for fall chum salmon indicated that this year's run would likely be less than the 350,000 fish minimum. Since this projection was near or below the established drainage-wide goal, the management plan dictates that no directed subsistence harvest of fall chum salmon would be allowed.

Subsistence fishing for whitefish, suckers and other non-salmon species was allowed 7 days per week wherever possible.

On May 10, 2001, in public forum and after hearing testimony, the Federal Subsistence Board adopted an emergency action closing the chinook and summer chum salmon fishery on all Federal waters in the Yukon River drainage for 60 days (the maximum amount of time allowed under 50 CFR 100.19(d) and 36 CFR 242.19(d)) from June 1, 2001, to July 30, 2001, to all users except those Federally-qualified subsistence users 2001 (66 FR 32750, June 18, 2001). (First action.)

The Board also suspended the chinook salmon fin-marking restriction for subsistence users since there was no commercial harvest that subsistence-caught fish could blend into. (Second action.)

On May 31, 2001, the Federal Subsistence Board, acting through the delegated field official and in concert with ADF&G managers initiated a set of closures on Federal waters in Districts 1–3 of the Yukon River drainage for the subsistence fisheries (66 FR 33642, June 25, 2001). In Districts 1–3 the take of salmon was closed except for two 36-hour periods each week. (Third action.)

On June 12, 2001, the Federal Subsistence Board, acting through the delegated field official and in concert with ADF&G managers initiated gillnet restrictions on Federal waters in Districts 1–3 of the Yukon River drainage for the subsistence fisheries. These restrictions to nets with 4-inch or less stretched measure mesh and 60 feet or less in length allowed subsistence users to continue to subsistence fish for non-salmon species while still conserving salmon. (Fourth action.)

On June 13, 2001, the Federal Subsistence Board, acting through the delegated field official and in concert with ADF&G managers initiated a set of closures on Federal waters in District 4 of the Yukon River drainage for the subsistence fisheries. In District 4, the take of salmon was closed except for two 48-hour periods each week. (Fifth action.)

On June 19, 2001, the Federal Subsistence Board, acting through the delegated field official and in concert with ADF&G managers initiated a set of closures on Federal waters in the Coastal District and Districts 1–3 of the Yukon River drainage for the subsistence fisheries. In the Coastal District, the take of salmon was closed except for one 96-hour period each week. In Districts 1–3 the take of salmon was closed except for two 24-hour periods each week. (Sixth action.)

On June 22, 2001, the Federal Subsistence Board, acting through the delegated field official and in concert with ADF&G managers initiated a set of closures on Federal waters in District 5 of the Yukon River drainage for the subsistence fisheries. In District 5A, the take of salmon is closed except for two 42-hour periods each week. In District 5B and 5C, the take of salmon was closed except for two 48-hour periods each week. (Seventh action.)

On June 26, 2001, the Federal Subsistence Board, acting through the delegated field official and in concert with ADF&G managers extended the gillnet restrictions on Federal waters to District 4 of the Yukon River drainage for the subsistence fisheries. This restriction to nets with 4-inch or less stretched measure mesh and 60 feet or less in length allowed subsistence users to continue to subsistence fish for non-salmon species while still conserving salmon. (Eighth action.)

On June 28, 2001, the Federal Subsistence Board, acting through the delegated field official and in concert with ADF&G managers initiated a set of closures on Federal waters in Districts 1–3 of the Yukon River drainage for the subsistence fisheries. In Districts 1–3 the take of salmon was suspended for a single 24-hour period then returning to two 24-hour periods each week. (Ninth action.)

On July 1, 2001, the Federal Subsistence Board, acting through the delegated field official and in concert with ADF&G managers initiated a set of closures on Federal waters in District 4 of the Yukon River drainage for the subsistence fisheries. In District 4, the take of salmon was closed except for two 36-hour periods each week. (Tenth action.)

On July 1, 2001, the Federal Subsistence Board, acting through the delegated field official and in concert with ADF&G managers extended the fishwheel and gillnet restrictions that were already in effect on Federal waters in Districts 1–4 to Subdistricts 5A, 5B, and 5C of the Yukon River drainage for the subsistence fisheries. This restriction to nets with 4-inch or less stretched measure mesh and 60 feet or less in length allowed subsistence users to continue to subsistence fish for non-salmon species while still conserving salmon. (Eleventh action.)

On July 4, 2001, the Federal Subsistence Board, acting through the delegated field official and in concert with ADF&G managers initiated a set of closures on Federal waters on the Koyukuk River drainage of the Yukon River drainage for the subsistence fisheries. In that area, the take of salmon was closed except for two 48-hour periods each week. (Twelfth action.)

On July 5, 2001, the Federal Subsistence Board, acting through the delegated field official and in concert with ADF&G managers initiated a set of closures on Federal waters in Districts 1–3 of the Yukon River drainage for the subsistence fisheries. In Districts 1–3 the take of salmon was closed except for one 24-hour period each week and gillnets are restricted to mesh size 8 inches or larger. (Thirteenth action.)

On July 8, 2001, the Federal Subsistence Board, acting through the delegated field official and in concert with ADF&G managers extended the fishwheel and gillnet restrictions on Federal waters to District 4, including the Koyukuk River drainage, of the Yukon River drainage for the subsistence fisheries. This restriction to nets with 4-inch or less stretched measure mesh and 60 feet or less in length seven days per week and nets with 8-inch or greater stretched measure mesh during salmon openings allowed

subsistence users to continue to subsistence fish while still conserving chum salmon. (Fourteenth action.)

On July 10, 2001, the Federal Subsistence Board, acting through the delegated field official and in concert with ADF&G managers initiated a set of closures on Federal waters in District 5 of the Yukon River drainage for the subsistence fisheries. In Subdistricts 5B and 5C, the take of salmon was closed except for two 36-hour periods each week. (Fifteenth action.)

On July 13, 2001, the Federal Subsistence Board, acting through the delegated field official and in concert with ADF&G managers initiated a set of closures on Federal waters in District 5 of the Yukon River drainage for the subsistence fisheries. In District 5A, the take of salmon was closed except for two 36-hour periods each week. In District 5D, the take of salmon was closed except for two 48-hour periods each week. Non-salmon gillnet restrictions were also extended to Subdistricts 5A and 5D during closed salmon fishing periods. (Sixteenth action.)

On July 20, 2001, the Federal Subsistence Board, acting through the delegated field official and in concert with ADF&G managers closed all Federal waters in Districts 1–3 of the Yukon River drainage for the subsistence salmon fisheries in order to conserve fall-run chum salmon. (Seventeenth action.)

On July 20, 2001, the Federal Subsistence Board, acting through the delegated field official and in concert with ADF&G managers relaxed restrictions on Federal waters in Subdistrict 5A of the Yukon River drainage for the subsistence fisheries. In Subdistrict 5A, the take of salmon was reopened for two 42-hour periods each week. (Eighteenth action.)

On July 29, 2001, the Federal Subsistence Board, acting through the delegated field official and in concert with ADF&G managers closed all Federal waters in District 4, including the Koyukuk River drainage, of the Yukon River drainage for the subsistence salmon fisheries in order to conserve fall-run chum salmon. (Nineteenth action.)

On July 27, 2001, the Federal Subsistence Board, acting through the delegated field official, removed the restriction on the harvest of chinook salmon by non-Federally-qualified users on all Federal waters in the Yukon River drainage. This action was based on larger than expected chinook runs which met both the spawning escapement and subsistence user needs. (Twentieth action.)

On August 2, 2001, the Federal Subsistence Board, acting through the delegated field official and in concert with ADF&G managers closed salmon fishing in all Federal waters in Subdistricts 5A, B, and C and liberalized salmon fishing in Subdistrict 5D of the Yukon River drainage in order to conserve fall-run chum salmon and still provide an opportunity to take chinook salmon. (Twenty-first action.)

On August 6, 2001, the Federal Subsistence Board, acting through the delegated field official closed fall-run chum salmon fishing to all non-Federally qualified users in all Federal waters of the Yukon River drainage in order to conserve fall-run chum salmon and yet provide a limited subsistence harvest opportunity. (Twenty-second action.)

On August 6, 2001, the Federal Subsistence Board, acting through the delegated field official and in concert with ADF&G managers established a subsistence fishing schedule for Districts 1–4 and Subdistricts 5B and 5C of the Yukon River drainage in order to conserve fall-run chum salmon. (Twenty-third action.)

On August 8, 2001, the Federal Subsistence Board, acting through the delegated field official and in concert with ADF&G managers increased the fishing periods in the subsistence fishing schedule for Districts 1–4 and Subdistricts 5B and 5C of the Yukon River drainage in order to provide greater harvest opportunities based on larger run projections. (Twenty-fourth action.)

On August 9, 2001, the Federal Subsistence Board, acting through the delegated field official and in concert with ADF&G managers reinstated gillnet restrictions on Federal waters in Subdistrict 5A of the Yukon River drainage for the subsistence fisheries. This restriction to nets with 4-inch or less stretched measure mesh and 60 feet or less in length seven days per week allowed subsistence users to continue to subsistence fish while still conserving chum salmon. (Twenty-fifth action.)

On August 10, 2001, the Federal Subsistence Board, acting through the delegated field, removed the restriction on the harvest of chum salmon by non-Federally-qualified users on all Federal waters in the Yukon River drainage. This action was predicated on larger than expected chum runs which met both the spawning escapement and subsistence user needs. (Twenty-sixth action.)

On August 20, 2001, the Federal Subsistence Board, acting through the delegated field official and in concert with ADF&G managers removed the gear restrictions for non-salmon species in Subdistricts 5A and 6A of the Yukon River drainage and opened those areas to the harvest of salmon. This action was predicated on continuing larger than expected chum runs which met both the spawning escapement and subsistence user needs. (Twenty-seventh action.)

On September 10, 2001, the Federal Subsistence Board, acting through the delegated field official and in concert with ADF&G managers modified the subsistence fishing schedule and required the use of liveboxes on fishwheels on Federal waters in Subdistrict 5A of the Yukon River drainage for the subsistence fisheries. This restriction allowed subsistence users to harvest coho salmon while while still conserving chum salmon. (Twenty-eighth action.)

These regulatory actions were necessary to assure the continued viability of the chinook and chum salmon runs and provide a long-term subsistence priority during a period of limited harvest opportunity. These reduced subsistence fishing schedules brought the Federal subsistence fishing regulations in line with the similar ADF&G action for unified management and minimized confusion under the dual management system.

The Board finds that additional public notice and comment requirements under the Administrative Procedure Act (APA) for these emergency closures are impracticable, unnecessary, and contrary to the public interest. Lack of appropriate and immediate conservation measures could seriously affect the continued viability of fish populations, adversely impact future subsistence opportunities for rural Alaskans, and would generally fail to serve the overall public interest. Therefore, the Board finds good cause pursuant to 5 U.S.C. 553(b)(3)(B) to waive additional public notice and comment procedures prior to implementation of these actions and pursuant to 5 U.S.C. 553(d) to make this rule effective as indicated in the **DATES** and the beginning of the **SUPPLEMENTARY INFORMATION** sections.

Conformance With Statutory and Regulatory Authorities

National Environmental Policy Act Compliance

A Final Environmental Impact Statement (FEIS) was published on February 28, 1992, and a Record of Decision on Subsistence Management for Federal Public Lands in Alaska (ROD) signed April 6, 1992. The final rule for Subsistence Management Regulations for Public Lands in Alaska,

Subparts A, B, and C (57 FR 22940–22964, published May 29, 1992) implemented the Federal Subsistence Management Program and included a framework for an annual cycle for subsistence hunting and fishing regulations. A final rule that redefined the jurisdiction of the Federal Subsistence Management Program to include waters subject to the subsistence priority was published on January 8, 1999, (64 FR 1276.)

Compliance With Section 810 of ANILCA

The intent of all Federal subsistence regulations is to accord subsistence uses of fish and wildlife on public lands a priority over the taking of fish and wildlife on such lands for other purposes, unless restriction is necessary to conserve healthy fish and wildlife populations. A Section 810 analysis was completed as part of the FEIS process. The final Section 810 analysis determination appeared in the April 6, 1992, ROD which concluded that the Federal Subsistence Management Program, under Alternative IV with an annual process for setting hunting and fishing regulations, may have some local impacts on subsistence uses, but the program is not likely to significantly restrict subsistence uses.

Paperwork Reduction Act

The adjustment and emergency closures do not contain information collection requirements subject to Office of Management and Budget (OMB) approval under the Paperwork Reduction Act of 1995.

Other Requirements

The adjustment and emergency closures have been exempted from OMB review under Executive Order 12866.

The Regulatory Flexibility Act of 1980 (5 U.S.C. 601 *et seq.*) requires preparation of flexibility analyses for rules that will have a significant effect on a substantial number of small entities, which include small businesses, organizations, or governmental jurisdictions. The exact number of businesses and the amount of trade that will result from this Federal land-related activity is unknown. The aggregate effect is an insignificant economic effect (both positive and negative) on a small number of small entities supporting subsistence activities, such as boat, fishing gear, and gasoline dealers. The number of small entities affected is unknown; but, the effects will be seasonally and geographically-limited in nature and will likely not be significant. The Departments certify that the adjustment and emergency closures will not have a significant economic effect on a substantial number of small entities within the meaning of the Regulatory Flexibility Act.

Title VIII of ANILCA requires the Secretaries to administer a subsistence preference on public lands. The scope of this program is limited by definition to certain public lands. Likewise, the adjustment and emergency closures have no potential takings of private property implications as defined by Executive Order 12630.

The Service has determined and certifies pursuant to the Unfunded Mandates Reform Act, 2 U.S.C. 1502 *et seq.*, that the adjustment and emergency closures will not impose a cost of $100 million or more in any given year on local or State governments or private entities. The implementation is by Federal agencies, and no cost is involved to any State or local entities or Tribal governments.

The Service has determined that the adjustment and emergency closures meet the applicable standards provided in Sections 3(a) and 3(b)(2) of Executive Order 12988, regarding civil justice reform.

In accordance with Executive Order 13132, the adjustment and emergency closures do not have sufficient federalism implications to warrant the preparation of a Federalism Assessment. Title VIII of ANILCA precludes the State from exercising management authority over fish and wildlife resources on Federal lands. Cooperative salmon run assessment efforts with ADF&G will continue.

In accordance with the President's memorandum of April 29, 1994, ''Government-to-Government Relations with Native American Tribal Governments'' (59 FR 22951), Executive Order 13175, and 512 DM 2, we have evaluated possible effects on Federally recognized Indian tribes and have determined that there are no effects. The Bureau of Indian Affairs is a participating agency in this rulemaking.

On May 18, 2001, the President issued Executive Order 13211 on regulations that significantly affect energy supply, distribution, or use. This Executive Order requires agencies to prepare Statements of Energy Effects when undertaking certain actions. As these actions are not expected to significantly affect energy supply, distribution, or use, they are not significant energy actions and no Statement of Energy Effects is required.

Drafting Information

William Knauer drafted this document under the guidance of Thomas H. Boyd, of the Office of Subsistence Management, Alaska Regional Office, U.S. Fish and Wildlife Service, Anchorage, Alaska. Taylor Brelsford, Alaska State Office, Bureau of Land Management; Rod Simmons, Alaska Regional Office, U.S. Fish and Wildlife Service; Bob Gerhard, Alaska Regional Office, National Park Service; Ida Hildebrand, Alaska Regional Office, Bureau of Indian Affairs; and Ken Thompson, USDA-Forest Service, provided additional guidance.

Authority: 16 U.S.C. 3, 472, 551, 668dd, 3101–3126; 18 U.S.C. 3551–3586; 43 U.S.C. 1733.

Dated: October 4, 2001.

Kenneth E. Thompson,

Subsistence Program Leader, USDA—Forest Service.

Thomas H. Boyd,

Acting Chair, Federal Subsistence Board.

[FR Doc. 01–27343 Filed 10–31–01; 8:45 am]

BILLING CODE 3410–11–P; 4310–55–P

POSTAL SERVICE

39 CFR Part 501

Authorization To Manufacture and Distribute Postage Meters

AGENCY: Postal Service.

ACTION: Final rule.

SUMMARY: This final rule clarifies and strengthens requirements for manufacturers/distributors of postage meters to destroy meters at the end of their useful life.

DATES: This rule is effective November 1, 2001.

FOR FURTHER INFORMATION CONTACT: Wayne Wilkerson by fax at (703) 292–4073.

SUPPLEMENTARY INFORMATION: When a postage meter, or other postage evidencing system, reaches the end of its useful life, it must be destroyed so as to eliminate potential misuse or fraud which could lead to loss of Postal Service revenue. To accomplish this objective, the Postal Service is publishing procedures for the destruction of meters.

List of Subjects in 39 CFR Part 501

Administrative practice and procedure, Postal Service.

The Amendment

For the reasons set out in this document, the Postal Service is amending 39 CFR part 501 as follows:

PART 501—AUTHORIZATION TO MANUFACTURE AND DISTRIBUTE POSTAGE METERS

1. The authority citation for 39 CFR part 501 continues to read as follows:

Authority: 5 U.S.C. 552(a); 39 U.S.C. 101, 401, 403, 404, 410, 2601, 2605; Inspector General Act of 1978, as amended (Pub. L. 95–452, as amended), 5 U.S.C. App. 3.

§§ 501.18 through 501.29 [Redesignated as §§ 501.19 through 501.30]

Sections 501.18 through 501.29 are redesignated as §§ 501.19 through 501.30 and new § 501.18 is added to read as follows:

§ 501.18 Secure destruction.

(a) Authorized meter manufacturers/distributors may destroy meters, when required, in accordance with methods approved in advance by the manager of Postage Technology Management. The postage meter must be rendered completely inoperable by the destruction process and associated postage-printing dies must be destroyed in accordance with § 501.17. Manufacturers/distributors must submit the proposed destruction method; a schedule listing the meters to be destroyed, by serial number and model; and the proposed time and place of destruction to the manager of Postage Technology Management for approval prior to any meter destruction. Manufacturers/distributors must record and retain the serial numbers of the meters to be destroyed, and provide the list in electronic form in accordance with Postal Service requirements for postage meter accounting and tracking systems. Manufacturers/distributors must give sufficient advance notice of the destruction to allow the manager of Postage Technology Management to schedule observation by Postage Technology Management or its designated representative. The Postal Service representative must ensure that the serial numbers of the meters destroyed are the same as the serial numbers recorded by the manufacturer/distributor on the list of destroyed meters, and that the destruction is performed in accordance with a Postal Service-approved method or process.

(b) These requirements for meter destruction apply to all postage meters, postage evidencing systems, and postal security devices included as a component of a postage evidencing system.

Stanley F. Mires,

Chief Counsel, Legislative.

[FR Doc. 01–27462 Filed 10–31–01; 8:45 am]

BILLING CODE 7710–12–P

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 52

[SIP NOS. MT–001–0024; MT–001–0025; MT–001–0026; MT–001–0034; MT–001–0035; FRL–7093–6]

Approval and Promulgation of Air Quality Implementation Plans; Montana; State Implementation Plans; Correction

AGENCY: Environmental Protection Agency (EPA).

ACTION: Direct final rule; correction.

SUMMARY: The EPA published in the **Federal Register** on June 12, 2001 and June 18, 2001 several documents that, among other things, approved updates to Montana's State Implementation Plan (SIP). In the June 12, 2001, rule, which approved the State's Emergency Episode Avoidance Plan and Cascades County's Local Regulation Chapter 7, Open Burning, EPA inadvertently omitted a sentence from the Administrative Requirements section of the document. EPA is correcting the Administrative Requirements section with this document. In the June 18, 2001, rule, which partially approved and partially disapproved the East Helena Lead (Pb) SIP, EPA inadvertently referenced an incorrect date in the preamble and inadvertently failed to promulgate regulatory text for those portions of the plan we disapproved, and to indicate that we determined that the East Helena Pb nonattainment area had attained the Pb NAAQS. In addition, in the regulatory text that was promulgated in the June 18, 2001 document, EPA inadvertently failed to indicate that the partially approved Pb SIP superseded the previously approved Pb SIP. Also, quotation marks were placed in the wrong location in the June 18, 2001 regulatory text. EPA is correcting the date in the preamble, promulgating the regulatory text for the disapproved provisions of the plan, correcting the promulgated regulatory text to indicate that the partially approved Pb SIP supercedes the previously approved Pb SIP, and correcting the location of quotation marks in the promulgated regulatory text with this document.

EFFECTIVE DATE: This rule is effective December 3, 2001.

FOR FURTHER INFORMATION CONTACT: Laurie Ostrand, EPA, Region VIII, (303) 312–6437.

SUPPLEMENTARY INFORMATION:

June 12, 2001, Rulemaking

In our June 12, 2001 (66 FR 31548) (FR Doc. 01–14612) rulemaking we approved Montana's Emergency Episode Avoidance Plan and Cascades County's Local Regulation Chapter 7, Open Burning. In the Administrative Requirements section of that rulemaking, on page 31549, third column, the paragraph that starts with ''The Congressional Review Act * * *'', the following sentence should be added between the first and second sentence: ''EPA will submit a report containing this rule and other required information to the U.S. Senate, the U.S. House of Representatives, and the Comptroller General of the United States prior to publication of the rule in the **Federal Register**.'' [1]

June 18, 2001, Rulemaking

In our June 18, 2001 (66 FR 32760) (FR Doc. 01–15142) rulemaking we partially approved and partially disapproved the East Helena Lead SIP. On page 32764, second and third columns, we inadvertently referenced the wrong date. At the bottom of the second column, paragraph starting with ''We are disapproving * * *'', ''June 21, 1996'' should be replaced with ''June 26, 1996.'' In the third column, paragraph starting with ''We are disapproving paragraphs 15 and 15 * * *'', ''June 21, 1996'' should be replaced with ''June 26, 1996.''

Additionally, in the June 18, 2001 rulemaking, we partially disapproved provisions of the State's East Helena Lead SIP (see 66 FR at 32761 and 32764) and determined that the East Helena Pb nonattainment area had attained the Pb NAAQS (see 66 FR 32765). However, we failed to promulgate corresponding text in the Code of Federal Regulations. In this document we are promulgating changes to 40 CFR 52, subpart BB, specifically § 52.1384 (Emission control regulations) to correspond to the partially disapproved plan provisions and § 52.1375 (Control strategy: Lead) to correspond to the attainment determination.

Also, the East Helena Pb Plan partially approved on June 18, 2001 superseded a previously approved Pb Plan submitted on September 29, 1983. We are correcting the regulatory text (at § 52.1370(c)(51)) to indicate that the

[1] Note, although the Administrative Requirements section in the June 12, 2001 preamble did not include the statement that we would submit a report containing the rule and other required information to the U.S. Senate, the U.S. House of Representatives, and the Comptroller General of the United States, on June 6, 2001, we did, in fact, fulfill this requirement by sending a report to the U.S. Senate, the U.S. House of Representatives, and the Comptroller General of the United States containing the Montana rule and other required information.

September 29, 1983 Pb Plan is superseded.

Finally, in the June 18, 2001 rulemaking, on page 32766, third column, paragraph (5), the quotation mark ending the quotation was placed in the wrong location. We are correcting the regulatory text to read as follows:

The words, ''or a method approved by the Department in accordance with the Montana Source Testing Protocol and Procedures Manual shall be used to measure the volumetric flow rate at each location identified,'' in section 7(A)(2) of exhibit A.

Section 553 of the Administrative Procedure Act, 5 U.S.C. 553(b)(B), provides that, when an agency for good cause finds that notice and public procedure are impracticable, unnecessary or contrary to the public interest, the agency may issue a rule without providing notice and an opportunity for public comment. We have determined that there is good cause for making today's rule final without prior proposal and opportunity for comment because we are merely correcting incorrect administrative text and dates in the preamble of previous rulemakings, promulgating regulatory text for rules disapproved in a previous rulemaking and correcting regulatory text in a previous rulemaking. Thus, notice and public procedure are unnecessary. We find that this constitutes good cause under 5 U.S.C. 553(b)(B).

Administrative Requirements

Under Executive Order 12866 (58 FR 51735, October 4, 1993), this action is not a ''significant regulatory action'' and is therefore not subject to review by the Office of Management and Budget. This rule is not subject to Executive Order 13211, ''Actions Concerning Regulations That Significantly Affect Energy Supply, Distribution, or Use'' (66 FR 28355 (May 22, 2001)) because it is not a significant regulatory action under Executive Order 12866. Because the agency has made a ''good cause'' finding that this action is not subject to notice-and-comment requirements under the Administrative Procedure Act or any other statute as indicated in the Supplementary Information section above, it is not subject to the regulatory flexibility provisions of the Regulatory Flexibility Act (5 U.S.C 601 *et seq.*), or to sections 202 and 205 of the Unfunded Mandates Reform Act of 1995 (UMRA) (Public Law 104–4). In addition, this action does not significantly or uniquely affect small governments or impose a significant intergovernmental mandate, as described in sections 203 and 204 of UMRA. This rule also does not have a substantial direct effect on one or more Indian tribes, on the relationship between the Federal Government and Indian tribes, or on the distribution of power and responsibilities between the Federal Government and Indian tribes, as specified by Executive Order 13175 (65 FR 67249, November 9, 2000), nor will it have substantial direct effects on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government, as specified in Executive Order 13132 (64 FR 43255, August 10, 1999). This rule also is not subject to Executive Order 13045 (62 FR 19885, April 23, 1997), because it is not economically significant.

This technical correction action does not involve technical standards; thus the requirements of section 12(d) of the National Technology Transfer and Advancement Act of 1995 (15 U.S.C. 272 note) do not apply. The rule also does not involve special consideration of environmental justice related issues as required by Executive Order 12898 (59 FR 7629, February 16, 1994). In issuing this rule, EPA has taken the necessary steps to eliminate drafting errors and ambiguity, minimize potential litigation, and provide a clear legal standard for affected conduct, as required by section 3 of Executive Order 12988 (61 FR 4729, February 7, 1996). EPA has complied with Executive Order 12630 (53 FR 8859, March 15, 1998) by examining the takings implications of the rule in accordance with the ''Attorney General's Supplemental Guidelines for the Evaluation of Risk and Avoidance of Unanticipated Takings' issued under the executive order. This rule does not impose an information collection burden under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*). EPA's compliance with these statutes and Executive Orders for the underlying rules are discussed in the June 12, 2001, rule, approving Montana's Emergency Episode Avoidance Plan and Cascade County's Local Regulation Chapter 7, Open Burning, and in the June 18, 2001, rule, partially approving and partially disapproving the East Helena Lead SIP.

The Congressional Review Act (5 U.S.C. 801 *et seq.*), as added by the Small Business Regulatory Enforcement Fairness Act of 1996, generally provides that before a rule may take effect, the agency promulgating the rule must submit a rule report, which includes a copy of the rule, to each House of the Congress and to the Comptroller General of the United States. Section 808 allows the issuing agency to make a rule effective sooner than otherwise provided by the CRA if the agency makes a good cause finding that notice and public procedure is impracticable, unnecessary or contrary to the public interest. This determination must be supported by a brief statement. 5 U.S.C. 808(2). As stated previously, EPA has made such a good cause finding, including the reasons therefore, and established an effective date of December 3, 2001. EPA will submit a report containing this rule and other required information to the U.S. Senate, the U.S. House of Representatives, and the Comptroller General of the United States prior to publication of the rule in the **Federal Register**. This correction to the identification of plan for Montana is not a ''major rule'' as defined by 5 U.S.C. 804(2).

List of Subjects in 40 CFR Part 52

Environmental protection, Air pollution control, Carbon monoxide, Incorporation by Reference, Intergovernmental relations, Lead, Nitrogen dioxide, Ozone, Particulate matter, Reporting and recordkeeping requirements, Sulfur oxides.

Accordingly, 40 CFR part 52, subpart BB of chapter I, title 40 is corrected by making the following amendments:

PART 52—[CORRECTED]

1. The authority citation for part 52 continues to read as follows:

Authority: 42 U.S.C. 7401 et seq.

2. Revise § 52.1370(c)(51) introductory text and (c)(51)(i)(B)(5) to read as follows:

§ 52.1370 Identification of plan.

* * * * *

(c) * * *

(51) The Governor of Montana submitted the East Helena Lead SIP revisions with letters dated August 16, 1995, July 2, 1996, and October 20, 1998. The revisions address regulating lead emission from Asarco, American Chemet and re-entrained road dust from the streets of East Helena. The revisions supersede the Lead Plan submitted to EPA on September 29, 1983 (see paragraph (c)(15) of this section).

(i) * * *

(B) * * *

(5) The words, ''or a method approved by the Department in accordance with the Montana Source Testing Protocol and Procedures Manual shall be used to measure the volumetric flow rate at each location identified,'' in section 7(A)(2) of exhibit A;

* * * * *

3. Add a new § 52.1375 to read as follows:

§ 52.1375 Control strategy: Lead.

Determination—EPA has determined that the East Helena Lead nonattainment area has attained the lead national ambient air quality standards through calendar year 1999. This determination is based on air quality data currently in the AIRS database (as of the date of our determination, June 18, 2001).

4. In § 52.1384 add paragraph (b) to read as follows:

§ 52.1384 Emission control regulations.

* * * * *

(b)(1) In 40 CFR 52.1370(c)(51), we incorporated by reference several documents that comprise the East Helena Lead SIP. Sections 52.1370(c)(51)(i)(B) and (C) indicate that certain provisions of the documents that were incorporated by reference were excluded. The excluded provisions of § 52.1370(c)(51)(i)(B) and (C) are disapproved. These provisions are disapproved because they do not entirely conform to the requirement of section 110(a)(2) of the Act that SIP limits must be enforceable, nor to the requirement of section 110(i) that the SIP can be modified only through the SIP revision process. The following phrases, words, or section in exhibit A of the stipulation between the Montana Department of Environmental Quality (MDEQ) and Asarco, adopted by order issued on June 26, 1996 by the Montana Board of Environmental Review (MBER), are disapproved:

(i) The words, ''or an equivalent procedure'' in the second and third sentences in section 2(A)(22) of exhibit A;

(ii) The words, ''or an equivalent procedure'' in the second and third sentences in section 2(A)(28) of exhibit A;

(iii) The words, ''or an equivalent procedure'' in the second sentence in section 5(G) of exhibit A;

(iv) The sentence, ''Any revised documents are subject to review and approval by the Department as described in section 12,'' from section 6(E) of exhibit A;

(v) The words, ''or a method approved by the Department in accordance with the Montana Source Testing Protocol and Procedures Manual shall be used to measure the volumetric flow rate at each location identified,'' in section 7(A)(2) of exhibit A;

(vi) The sentence, ''Such a revised document shall be subject to review and approval by the Department as described in section 12,'' in section 11(C) of exhibit A;

(vii) The sentences, ''This revised Attachment shall be subject to the review and approval procedures outlined in Section 12(B). The Baghouse Maintenance Plan shall be effective only upon full approval of the plan, as revised. This approval shall be obtained from the Department by January 6, 1997. This deadline shall be extended to the extent that the Department has exceeded the time allowed in section 12(B) for its review and approval of the revised document,'' in section 12(A)(7) of exhibit A; and

(viii) Section 12(B) of exhibit A.

(2) Paragraphs 15 and 16 of the stipulation by the MDEQ and Asarco adopted by order issued on June 26, 1996 by the MBER are disapproved. Paragraph 20 of the stipulation by the MDEQ and American Chemet adopted by order issued on August 4, 1995 by the MBER is disapproved.

* * * * *

Dated: October 22, 2001.

Jack W. McGraw,

Acting Regional Administrator, Region 8.

[FR Doc. 01–27278 Filed 10–31–01; 8:45 am]

BILLING CODE 6560–50–P

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 52

[DC 050–2027a; FRL–7094–7]

Approval and Promulgation of Air Quality Implementation Plans; District of Columbia; Nitrogen Oxides Budget Trading Program

AGENCY: Environmental Protection Agency (EPA).

ACTION: Direct final rule.

SUMMARY: EPA is taking direct final action on a revision to the District of Columbia (the District) State Implementation Plan (SIP). This revision was submitted in response to EPA's regulation entitled, ''Finding of Significant Contribution and Rulemaking for Certain States in the Ozone Transport Assessment Group Region for Purposes of Reducing Regional Transport of Ozone,'' otherwise known as the '' NO_X SIP Call.'' This revision establishes and requires a nitrogen oxides (NO_X) allowance trading program for large electric generating and industrial units, beginning in 2003. The intended effect of this action is to approve the District's NO_X Budget Trading Program because it addresses the requirements of the NO_X SIP Call. On December 26, 2000, EPA made a finding that the District had failed to submit a SIP response to the NO_X SIP Call, thus starting the 18 and 24 month clocks for the mandatory imposition of sanctions and the obligation for EPA to promulgate a Federal Implementation Plan (FIP) within 24 months. On May 21, 2001, the District of Columbia submitted its NO_X Budget Trading Program in response to the NO_X SIP Call. EPA found that SIP submission complete on June 8, 2001, thereby halting the sanctions clocks. Upon approval of this SIP revision, both the sanctions clocks and EPA's FIP obligation are fully terminated.

DATES: This rule is effective on December 31, 2001 without further notice, unless EPA receives adverse written comment by December 3, 2001. If EPA receives such comments, it will publish a timely withdrawal of the direct final rule in the **Federal Register** and inform the public that the rule will not take effect.

ADDRESSES: Written comments should be mailed to David L. Arnold, Chief, Air Quality Planning and Information Services Branch, Mailcode 3AP21, U.S. Environmental Protection Agency, Region III, 1650 Arch Street, Philadelphia, Pennsylvania 19103. Copies of the documents relevant to this action are available for public inspection during normal business hours at the Air Protection Division, U.S. Environmental Protection Agency, Region III, 1650 Arch Street, Philadelphia, Pennsylvania 19103; the Air and Radiation Docket and Information Center, U.S. Environmental Protection Agency, 401 M Street, SW, Washington, DC 20460; and the District of Columbia Department of Public Health, Air Quality Division, 51 N Street, NE., Washington, DC 20002.

FOR FURTHER INFORMATION CONTACT: Cristina Fernandez, (215) 814–2178, or by e-mail at *fernandez.cristina@epa.gov.* Please note any comments on this rule must be submitted, in writing, as provided in the **ADDRESSES** section of this document.

SUPPLEMENTARY INFORMATION: On May 21, 2001, the Government of the District of Columbia, Department of Health submitted a revision to its SIP to address the requirements of the NO_X SIP Call. The revision consists of the adoption of Chapter 10—Nitrogen Oxides Budget Trading Program. The information in this section of this document is organized as follows:

I. EPA's Action

A. What Action Is EPA Taking in This Final Rulemaking?

EPA is taking direct final action to approve the District of Columbia NO_X Budget Trading Program submitted as a SIP revision on May 21, 2001. Upon approval of this SIP revision, both the sanctions clocks and EPA's FIP obligation are terminated.

B. What Are the General NO_X SIP Call Requirements?

On October 27, 1998 (63 FR 57356), EPA published a final rule entitled, ''Finding of Significant Contribution and Rulemaking for Certain States in the Ozone Transport Assessment Group Region for Purposes of Reducing Regional Transport of Ozone,'' otherwise known as the '' NO_X SIP Call.'' The NO_X SIP Call requires 22 States and the District of Columbia to meet statewide NO_X emission budgets during the five-month period between May 1 and October 1 in order to reduce the amount of ground level ozone that is transported across the eastern United States. EPA determined state-wide NO_X emission budgets for each affected jurisdiction to be met by the year 2007. EPA identified NO_X emission reductions, by source category, that could be achieved by using cost-effective measures. The source categories included were electric generating units (EGUs), non-electric generating units (non-EGUs), area sources, nonroad mobile sources and highway sources. However, the NO_X SIP Call allowed states the flexibility to decide which source categories to regulate in order to meet the statewide budgets. In the NO_X SIP Call rule's preamble, EPA suggested that imposing statewide NO_X emissions caps on large fossil-fuel fired industrial boilers and electricity generating units would provide a highly cost effective means for States to meet their NO_X budgets. In fact, the state-specific budgets were set assuming an emission rate of 0.15 pounds NO_X per million British thermal units (lbs of NO_X/MMBtu) at EGUs, multiplied by the projected heat input (MMBtu) from burning the quantity of fuel needed to meet the 2007 forecast for electricity demand. See 63 FR 57407, October 27, 1998. The calculation of the 2007 EGU emissions assumed that an emissions trading program would be part of an EGU control program. The NO_X SIP Call state budgets also assumed, on average, a 30 percent NO_X reduction from cement kilns, a 60 percent reduction from industrial boilers and combustion turbines, and a 90 percent reduction from internal combustion engines. The non-EGU control assumptions were applied at units where the heat input capacities were greater than 250 MMBtu per hour, or in cases where heat input data were not available or appropriate, at units with actual emissions greater than one ton per day.

To assist the states in their efforts to meet the SIP Call, the NO_X SIP Call final rule included a model NO_X allowance trading regulation, called ''NO_X Budget Trading Program for State Implementation Plans'' (40 CFR part 96), that could be used by states to develop their regulations. The NO_X SIP Call rulemaking explained that if states developed an allowance trading regulation consistent with the EPA model rule, they could participate in a regional allowance trading program that would be administered by EPA. See 63 FR 57458–57459, October 27, 1998.

EPA conducted several comment periods on various aspects of the NO_X SIP Call emissions inventories. On March 2, 2000 (65 FR 11222), EPA published additional technical amendments to the NO_X SIP Call. The March 2, 2000 final rulemaking established the inventories upon which the District of Columbia's final budget is based.

On March 3, 2000, the D.C. Circuit issued its decision on the NO_X SIP Call ruling in favor of EPA on all of the major issues. *Michigan* v. *EPA,* 213 F.3d 663 (D.C. Cir. March 3, 2000). The Court denied petitioners' requests for rehearing or rehearing *en banc* on July 22, 2000. However, the Court ruled against EPA on four narrow issues. The Court remanded certain matters for further rulemaking by EPA. EPA expects to publish a proposal that addresses the remanded portion of the NO_X SIP Call Rule in the near future. Any additional emissions reductions required as a result of a final rulemaking on that proposal will be reflected in the second phase portion (Phase II) of the NO_X SIP Call rule. EPA does not anticipate that the District of Columbia will have any additional reductions requirements pursuant to the Phase II of the NO_X SIP Call rule.

C. What Is EPA's NO_X Budget Trading Program?

EPA's model NO_X budget and allowance trading rule, 40 CFR part 96, sets forth a NO_X emissions trading program for large EGUs and non-EGUs. A state can voluntarily choose to adopt EPA's model rule in order to allow sources within its borders to participate in regional allowance trading. The October 27, 1998 final rulemaking contains a full description of the EPA's model NO_X budget trading program. See 63 FR 57514–57538 and 40 CFR part 96. In general, air emissions trading uses market forces to reduce the overall cost of compliance for pollution sources, such as power plants, while maintaining emission reductions and environmental benefits. One type of market-based program is an emissions budget and allowance trading program, commonly referred to as a ''cap and trade'' program.

In an emissions budget and allowance trading program, the state or EPA sets a regulatory limit, or emissions budget, in mass emissions from a specific group of sources. The budget limits the total number of allocated allowances during a particular control period. When the budget is set at a level lower than the current emissions, the effect is to reduce the total amount of emissions during the control period. After setting the budget, the state or EPA then assigns, or allocates, allowances to the participating entities up to the level of the budget. Each allowance authorizes the emission of a quantity of pollutant, e.g., one ton of airborne NO_X. At the end of the control period, each source must demonstrate that its actual emissions during the control period were less than or equal to the number of available allowances it holds. Sources that reduce their emissions below their allocated allowance level may sell their extra allowances. Sources that emit more than the amount of their allocated allowance level may buy allowances from the sources with extra reductions. In this way, the budget is met in the most cost-effective manner.

D. What Guidance Did EPA Use To Evaluate the District's Submittal?

The final NO_X SIP Call rule included a model NO_X budget trading program regulation at 40 CFR part 96. EPA used the model rule and 40 CFR part 51.121–22 to evaluate the District's NO_X Budget Trading Program.

II. The District's NO_X Budget Trading Program

A. When Did the District Submit the SIP Revision to EPA in Response to the NO_X SIP Call?

On May 21, 2001, the Government of the District of Columbia, Department of Health submitted a revision to its SIP to address the requirements of the NO_X SIP Call.

B. What Is the District's NO_X Budget Trading Program?

The District's SIP revision to address the requirements of the NO_X SIP Call consists of the adoption and submittal of Chapter 10—Nitrogen Oxides Budget Trading Program. The District of Columbia NO_X Budget Trading Program establishes and requires a NO_X allowance trading program for large electric generating and industrial units. Chapter 10—NO_X Budget Trading Program establishes a NO_X cap and allowance trading program with a budget of 233 tons of NO_X for the ozone seasons of 2003 and beyond. The District has adopted, by reference, the requirements of the July 1, 2000 edition of 40 CFR part 96, subpart A (NO_X Budget Trading Program General Provisions), subpart B (Authorized Account Representative for NO_X Budget Sources), subpart C (Permits), subpart D (Compliance Certification), subpart E (NO_X Allowance Allocations), subpart F (NO_X Allowance Tracking System), Subpart G (NO_X Allowance Transfers), Subpart H (Monitoring and Reporting), and subpart I (Individual Opt-ins) and 40 CFR part 97, Appendix A (Final Section 126 Rule: EGU Allocations, 2003–2007), Appendix B (Final Section 126 Rule: Non-EGU Allocations 2003–2007), Appendix C (Final Section 126 Rule: Trading Budget, 2003–2007), and Appendix D (Final Section 126 Rule: State Compliance Supplement Pool for the Section 126 Rule (Tons)). Therefore, pursuant to 40 CFR 51.121(p)(1), the District's SIP revision is automatically approved as satisfying its portion of NO_X emission reductions.

Under the NO_X Budget Trading Program, the District allocates NO_X allowances to the EGUs and non-EGUs units that are affected by these requirements. Because the District's NO_X Budget Trading Program is based upon EPA's model rule, the District of Columbia sources are allowed to participate in the interstate NO_X allowance trading program that EPA will administer for the participating states. The NO_X trading program applies to all fossil fuel fired EGUs with a nameplate capacity equal to or greater than 25 MW that sell any amount of electricity to the grid as well as any non-EGUs that have a heat input capacity equal to or greater than 250 MMBtu per hour. Each NO_X allowance permits a source to emit one ton of NO_X during the seasonal control period. NO_X allowances may be bought or sold. Unused NO_X allowances may also be banked for future use, with certain limitations. Source owners will monitor their NO_X emissions by using systems that meet the requirements of 40 CFR part 75, subpart H, and report resulting data to EPA electronically. Each budget source complies with the program by demonstrating at the end of each control period that actual emissions do not exceed the amount of allowances held for that period. However, regardless of the number of allowances a source holds, it cannot emit at levels that would violate other federal or state limits, for example, reasonably available control technology (RACT), new source performance standards, or Title IV (the Federal Acid Rain program).

C. What Is the Result of EPA's Evaluation of the District's Program?

EPA has evaluated the District's May 21, 2001 SIP submittal and finds it approvable. The District of Columbia NO_X Budget Trading Program is consistent with EPA's guidance and addresses the requirements of the NO_X SIP Call. EPA finds the NO_X control measures in the District's NO_X Budget Trading Program approvable. The May 21, 2001 submittal will strengthen the District's SIP for reducing ground level ozone by providing NO_X reductions beginning in 2003.

On December 26, 2000 (65 FR 81366), EPA made a finding that the District had failed to submit a SIP response to the NO_X SIP Call, thus starting 18 and 24 month clocks for the mandatory imposition of sanctions and the obligation for EPA to promulgate a Federal Implementation Plan (FIP) with 24 months. The effective date of that finding was January 25, 2001. On

May 21, 2001, the District submitted a SIP revision to satisfy the NO_X SIP Call. EPA found that SIP submission complete on June 8, 2001, thus, halting the sanctions clocks.

III. Final Action

EPA is approving the District's NO_X Budget Trading Program, submitted as a SIP revision on May 21, 2001. EPA finds that the District's NO_X Budget Trading Program is fully approvable because it satisfies the requirements of the NO_X SIP Call. Approval of this SIP revision fully terminates both the sanctions clocks and EPA's FIP obligation which officially started on January 25, 2001, the effective date of EPA's December 26, 2000 finding (FR 65 81366).

EPA is publishing this rule without prior proposal because the Agency views this as a noncontroversial amendment and anticipates no adverse comment. However, in the ''Proposed Rules'' section of today's **Federal Register**, EPA is publishing a separate document that will serve as the proposal to approve the SIP revision if adverse comments are filed. This rule will be effective on December 31, 2001 without further notice unless EPA receives adverse comment by December 3, 2001. If EPA receives adverse comment, EPA will publish a timely withdrawal in the **Federal Register** informing the public that the rule will not take effect. EPA will address all public comments in a subsequent final rule based on the proposed rule. EPA will not institute a second comment period on this action. Any parties interested in commenting must do so at this time. Please note that if EPA receives adverse comment on an amendment, paragraph, or section of this rule and if that provision may be severed from the remainder of the rule, EPA may adopt as final those provisions of the rule that are not the subject of an adverse comment.

IV. Administrative Requirements

A. General Requirements

Under Executive Order 12866 (58 FR 51735, October 4, 1993), this action is not a ''significant regulatory action'' and therefore is not subject to review by the Office of Management and Budget. For this reason, this action is also not subject to Executive Order 13211, ''Actions Concerning Regulations That Significantly Affect Energy Supply, Distribution, or Use'' (66 FR 28355, May 22, 2001). This action merely approves state law as meeting Federal requirements and imposes no additional requirements beyond those imposed by state law. Accordingly, the Administrator certifies that this rule will not have a significant economic impact on a substantial number of small entities under the Regulatory Flexibility Act (5 U.S.C. 601 *et seq.*). Because this rule approves pre-existing requirements under state law and does not impose any additional enforceable duty beyond that required by state law, it does not contain any unfunded mandate or significantly or uniquely affect small governments, as described in the Unfunded Mandates Reform Act of 1995 (Public Law 104–4). This rule also does not have tribal implications because it will not have a substantial direct effect on one or more Indian tribes, on the relationship between the Federal

Government and Indian tribes, or on the distribution of power and responsibilities between the Federal Government and Indian tribes, as specified by Executive Order 13175 (65 FR 67249, November 9, 2000). This action also does not have Federalism implications because it does not have substantial direct effects on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government, as specified in Executive Order 13132 (64 FR 43255, August 10, 1999). This action merely approves a state rule implementing a Federal standard, and does not alter the relationship or the distribution of power and responsibilities established in the Clean Air Act. This rule also is not subject to Executive Order 13045 ''Protection of Children from Environmental Health Risks and Safety Risks'' (62 FR 19885, April 23, 1997), because it is not economically significant. In reviewing SIP submissions, EPA's role is to approve state choices, provided that they meet the criteria of the Clean Air Act. In this context, in the absence of a prior existing requirement for the State to use voluntary consensus standards (VCS), EPA has no authority to disapprove a SIP submission for failure to use VCS. It would thus be inconsistent with applicable law for EPA, when it reviews a SIP submission, to use VCS in place of a SIP submission that otherwise satisfies the provisions of the Clean Air Act. Thus, the requirements of section 12(d) of the National Technology Transfer and Advancement Act of 1995 (15 U.S.C. 272 note) do not apply. This rule does not impose an information collection burden under the provisions of the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*).

B. Submission to Congress and the Comptroller General

The Congressional Review Act, 5 U.S.C. 801 *et seq.*, as added by the Small Business Regulatory Enforcement Fairness Act of 1996, generally provides that before a rule may take effect, the agency promulgating the rule must submit a rule report, which includes a copy of the rule, to each House of the Congress and to the Comptroller General of the United States. EPA will submit a report containing this rule and other required information to the U.S. Senate, the U.S. House of Representatives, and the Comptroller General of the United States prior to publication of the rule in the **Federal Register**. This rule is not a ''major rule'' as defined by 5 U.S.C. 804(2).

C. Petitions for Judicial Review

Under section 307(b)(1) of the Clean Air Act, petitions for judicial review of this action must be filed in the United States Court of Appeals for the appropriate circuit by December 31, 2001. Filing a petition for reconsideration by the Administrator of this final rule does not affect the finality of this rule for the purposes of judicial review nor does it extend the time within which a petition for judicial review may be filed, and shall not postpone the effectiveness of such rule or action. This action approving the District of Columbia NO_X Budget Trading Program as satisfying the NO_X SIP Call may not be challenged later in proceedings to enforce its requirements. (See section 307(b)(2).)

List of Subjects in 40 CFR Part 52

Environmental protection, Air pollution control, Nitrogen dioxide, Ozone, Reporting and recordkeeping requirements.

Dated: October 24, 2001.

Donald S. Welsh,

Regional Administrator, Region III.

40 CFR part 52 is amended as follows:

PART 52—[AMENDED]

1. The authority citation for part 52 continues to read as follows:

Authority: 42 U.S.C. 7401 *et seq.*

Subpart J—District of Columbia

2. In § 52.470, the table in paragraph (c) is amended by adding the entry under Chapter 10 in numerical order for Section 1014 to read as follows:

§ 52.470 Identification of plan.

* * * * *

(c) EPA approved regulations.

EPA-APPROVED REGULATIONS IN THE DISTRICT OF COLUMBIA SIP

State citation	Title/subject	State effective date	EPA approval date	Additional Explanation
*	*	*	*	*
Chapter 10—Nitrogen Oxides Emissions Budget Program				
*	*	*	*	*
Section 1014	NO_X Budget Trading Program For State Implementation Plans.	May 1, 2001	November 1, 2001.	
*	*	*	*	*

[FR Doc. 01–27376 Filed 10–31–01; 8:45 am]

BILLING CODE 6560–60–P

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 52

[MT–001–0038,CO–001–0065;FRL–7093–7]

Clean Air Act Determination of Attainment for PM_{10} Nonattainment Areas; Montana and Colorado

AGENCY: Environmental Protection Agency (EPA).

ACTION: Final rule.

SUMMARY: EPA is finalizing determinations of attainment for the particulate matter with an aerodynamic diameter less than or equal to a nominal 10 microns (PM_{10}) national ambient air quality standards (NAAQS) for the Whitefish, Montana, Thompson Falls, Montana and Steamboat Springs, Colorado moderate PM_{10} nonattainment areas. The Whitefish, Montana

nonattainment area was required by the Clean Air Act Amendments (CAAA) of 1990 to attain the PM_{10} NAAQS by December 31, 1999. This final determination is based on complete, quality assured ambient air quality monitoring data for the years 1997, 1998, and 1999. The Thompson Falls, Montana and Steamboat Springs, Colorado nonattainment areas were required by the Clean Air Act Amendments (CAAA) of 1990 to attain the PM_{10} NAAQS as of December 31, 2000. These final determinations are based on complete, quality assured ambient air quality monitoring data for the years 1998, 1999, and 2000.

EFFECTIVE DATE: This final rule is effective December 3, 2001.

ADDRESSES: Written comments may be mailed to Richard R. Long, Director, Air and Radiation Program, Mailcode 8P–AR, Environmental Protection Agency (EPA), Region VIII, 999 18th Street, Suite 300, Denver, Colorado, 80202. Copies of the documents relevant to this action are available for public inspection during normal business hours at the Air and Radiation Program, Environmental Protection Agency, Region VIII, 999 18th Street, Suite 300, Denver, Colorado 80202.

FOR FURTHER INFORMATION CONTACT: Cindy Rosenberg, EPA, Region VIII, (303) 312–6436.

SUPPLEMENTARY INFORMATION: On August 8, 2001, EPA published a notice of proposed rulemaking (NPR) for the attainment determinations. The NPR proposed approval of the PM_{10} attainment date determinations for Whitefish and Thompson Falls, Montana and Steamboat Springs, Colorado. Please refer to this proposed rulemaking for background information on Clean Air Act requirements for conducting attainment determinations. Throughout this document, wherever ''we,'' ''us,'' or ''our'' are used, we mean the Environmental Protection Agency (EPA).

Table of Contents

I. Final Action

Based on quality-assured data meeting the requirements of 40 CFR 50, appendix K, we are determining that Whitefish, Montana attained the PM_{10} NAAQS as of December 31, 1999 and that Thompson Falls, Montana and Steamboat Springs, Colorado attained the PM_{10} NAAQS as of December 31, 2000. This final action to determine attainment for Whitefish, Montana is based on monitored air quality data for the national ambient air quality standard (NAAQS) for PM_{10} from the years 1997–99, and the actions for Thompson Falls, Montana and Steamboat Springs, Colorado are based on data from the years 1998–2000. With this final action, consistent with CAA section 188, the areas will remain moderate PM_{10} nonattainment areas and avoid the additional planning requirements that apply to serious PM_{10} nonattainment areas.

This action should not be confused with a redesignation to attainment under CAA section 107(d) because neither Montana nor Colorado have submitted a maintenance plan as required under section 175(A) of the CAA or met the other CAA requirements for redesignation. The designation status in 40 CFR part 81 will remain moderate nonattainment for all three areas until such time as Montana and Colorado meet the CAA requirements for redesignations to attainment.

II. Basis for EPA's Final Action

A. Whitefish, Montana

Determination that the Whitefish PM_{10} Nonattainment Area Attained the PM_{10} NAAQS as of December 31, 1999

Whether an area has attained the PM_{10} NAAQS is based exclusively upon measured air quality levels over the most recent and complete three calendar year period. See 40 CFR part 50 and 40 CFR part 50, appendix K. Since the attainment date for Whitefish was December 31, 1999, the three year period covers calendar years 1997, 1998, and 1999. Samples were collected on an every day schedule for Whitefish during this time period.

The PM_{10} concentrations reported at the monitoring site showed one measured exceedance of the 24-hour PM_{10} NAAQS in 1997 with a value of 178 $\mu g/m^3$; the expected exceedances for this year also calculated to 1. For 1998 and 1999, the number of exceedances and expected exceedances were 0.0. Thus, the three-year average was less than 1.0, which indicates that Whitefish attained the 24-hour PM_{10} NAAQS as of December 31, 1999. The second highest value recorded between 1997 and 1999 at the Whitefish monitoring site was 138 $\mu g/m^3$ which is below the standard of 150 $\mu g/m^3$.

Review of the annual standard for calendar years 1997, 1998 and 1999 reveals that Whitefish also attained the annual PM_{10} NAAQS by December 31, 1999. There was no violation of the annual standard for the three year period from 1997 through 1999. The expected annual average value for the three year period was 29 $\mu g/m^3$, which is below the standard of 50 $\mu g/m^3$.

B. Thompson Falls

Determination that the Thompson Falls PM_{10} Nonattainment Area Attained the PM_{10} NAAQS as of December 31, 2000

Since the attainment date for Thompson Falls was December 31, 2000, the three year period covers calendar years 1998, 1999, and 2000. The PM_{10} concentrations reported at the two monitoring sites showed no measured exceedances of the 24-hour PM_{10} NAAQS between 1998 and 2000. Review of the annual standard for calendar years 1998, 1999 and 2000 reveals that Thompson Falls also attained the annual PM_{10} NAAQS by December 31, 2000. No monitoring sites showed a violation of the annual standard in the three year period from 1998 through 2000 and the expected annual average value for the three year period was 26 $\mu g/m^3$, which is below the standard of 50 $\mu g/m^3$. The sampling frequency at the Thompson Falls monitoring site during the first and fourth quarters of 1998 and 1999 was every two days and every sixth day for the second and third quarters. During 2000, the sampling frequency was every two days for the first quarter, every sixth day for second and third quarters and every third day for the fourth quarter.

As described above, the 1987 Guideline provides eligibility requirements and example situations in which data may be substituted. For Thompson Falls, there were two quarters during this three year attainment period (1998–2000), which had less than 75% data capture, but greater than 50% data capture and thus qualified for data substitution under our guidelines. The first quarter of 1999 had 12 values substituted, and used an 89 $\mu g/m^3$ value from February 25, 1997 for substitution, bringing the quarterly average to 39.3 $\mu g/m^3$, and the 1999 annual average to 35.1 $\mu g/m^3$. The third quarter of 2000 had 4 values substituted, and used a 75 $\mu g/m^3$ value from August 10, 2000 as the substitution value, bringing the quarterly average to 40.7

μg/m^3, and the 2000 annual average to 20.5 μg/m^3.

In 1999, the data recovery for Thompson Falls was incomplete due to extenuating circumstances at the monitoring site. The Courthouse on which the monitoring site had been located was being re-roofed and therefore, MDEQ was forced to find a new site on short notice, without enough time to set up a new monitoring site before the existing site was shut down. This forced MDEQ to miss all the monitoring days for the entire 3rd quarter of 1999. A new monitoring site was set up on the grounds of the local high school for the fourth quarter of 1999. The Region used 40 CFR part 50, appendix K and our April 1987 ''Guideline on Exceptions to Data Requirements for Determining Attainment of Particulate Matter Standards'' to address the missing data from 1999. The Region decided to substitute third quarter data from 1998 for 1999 because we believe that it is representative of what third quarter 1999 data would have looked like had the monitoring site continued to operate. We believe this is an acceptable method because the exceedances that Thompson Falls experienced in the early 1990's were during winter months, not during the third quarter of the year. In addition, the particulate problem in Thompson Falls is related to road dust and that problem has been resolved since street sweeping measures were adopted by Montana and implemented in 1998. Therefore, we don't expect that there would have been any recorded exceedances during the third quarter of 1999 had the monitor been operating.

Since MDEQ was forced to change monitoring sites in the middle of the three year period necessary for Thompson Falls to show attainment by the area's attainment date, we don't have complete data at any one monitoring site. However, we believe that combining the data from the two separate monitoring sites is acceptable in this situation. We also believe that the location of the replacement monitoring site within the extremely small town of Thompson Falls provides adequate characterization of the community's air. We believe that Thompson Falls' data meets our Guideline and rule requirements. Therefore, with the preceding actions concluded, we believe that the data indicates that Thompson Falls attained the 24-hour and annual PM_{10} NAAQS as of December 31, 2000.

C. Steamboat Springs

Determination that the Steamboat Springs PM_{10} Nonattainment Area Attained the PM_{10} NAAQS as of December 31, 2000

Since the attainment date for Steamboat Springs was December 31, 2000, the three year period covers calendar years 1998, 1999, and 2000. Steamboat Springs was operating on an every day sampling frequency during this time period. The PM_{10} concentrations reported at the monitoring site showed no measured exceedances of the 24-hour PM_{10} NAAQS between 1998 and 2000, which indicates Steamboat Springs attained the 24-hour PM_{10} NAAQS as of December 31, 2000. The highest monitored 24-hour value between 1998 and 2000 was 148 μg/m^3. Although this wasn't an exceedance of the NAAQS, we agreed with Colorado that this value should be excluded as a high wind event under our May 30, 1996 ''Areas Affected by PM–10 Natural Events'' policy. This data was flagged as a natural event in our Aerometric Information Retrieval System (AIRS) and Colorado submitted the proper documentation package to us certifying that this monitored value was due to unusually high winds in the area. Because of this, the highest applicable monitored 24-hour value during the three year period was 121 μg/m^3 which is below the standard of 150 μg/m^3.

Review of the annual standard for calendar years 1998, 1999 and 2000 reveals that Steamboat Springs also attained the annual PM_{10} NAAQS by December 31, 2000. Data collected at the monitoring site showed no violations of the annual standard in the three year period from 1998 through 2000. The expected annual average value for the three year period was 25 μg/m^3, which is below the standard of 50 μg/m^3.

III. Administrative Requirements

Under Executive Order 12866 (58 FR 51735, October 4, 1993), this action is not a ''significant regulatory action'' and therefore is not subject to review by the Office of Management and Budget. For this reason, this action is also not subject to Executive Order 13211, ''Actions Concerning Regulations That Significantly Affect Energy Supply, Distribution, or Use'' (66 FR 28355, May 22, 2001). This final action merely determines that certain States have met federal requirements and imposes no requirements. Accordingly, the Administrator certifies that this rule will not have a significant economic impact on a substantial number of small entities under the Regulatory Flexibility Act (5 U.S.C. 601 *et seq.*). Because this rule doesn't impose any additional enforceable duty, it does not contain any unfunded mandate or significantly or uniquely affect small governments, as described in the Unfunded Mandates Reform Act of 1995 (Public Law 104–4).

This rule also does not have tribal implications because it will not have a substantial direct effect on one or more Indian tribes, on the relationship between the Federal Government and Indian tribes, or on the distribution of power and responsibilities between the Federal Government and Indian tribes, as specified by Executive Order 13175 (65 FR 67249, November 9, 2000). This action also does not have Federalism implications because it does not have substantial direct effects on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government, as specified in Executive Order 13132 (64 FR 43255, August 10, 1999). This action merely makes attainment determinations, and does not alter the relationship or the distribution of power and responsibilities established in the Clean Air Act. This rule also is not subject to Executive Order 13045 ''Protection of Children from Environmental Health Risks and Safety Risks'' (62 FR 19885, April 23, 1997), because it is not economically significant.

In reviewing SIP submissions, EPA's role is to approve state choices, provided that they meet the criteria of the Clean Air Act. However, in this context, there is no state request or submittal for these attainment determinations. Thus, the requirements of section 12(d) of the National Technology Transfer and Advancement Act of 1995 (15 U.S.C. 272 note) do not apply. This rule does not impose an information collection burden under the provisions of the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*).

The Congressional Review Act, 5 U.S.C. section 801 *et seq.*, as added by the Small Business Regulatory Enforcement Fairness Act of 1996, generally provides that before a rule may take effect, the agency promulgating the rule must submit a rule report, which includes a copy of the rule, to each House of the Congress and to the Comptroller General of the United States. EPA will submit a report containing this rule and other required information to the U.S. Senate, the U.S. House of Representatives, and the Comptroller General of the United States prior to publication of the rule in the **Federal Register**. A major rule cannot take effect until 60 days after it

is published in the **Federal Register**. This action is not a ''major rule'' as defined by 5 U.S.C. section 804(2).

Under section 307(b)(1) of the Clean Air Act, petitions for judicial review of this action must be filed in the United States Court of Appeals for the appropriate circuit by December 31, 2001. Filing a petition for reconsideration by the Administrator of this final rule does not affect the finality of this rule for the purposes of judicial review nor does it extend the time within which a petition for judicial review may be filed, and shall not postpone the effectiveness of such rule or action. This action may not be challenged later in proceedings to enforce its requirements. (See section 307(b)(2).)

List of Subjects in 40 CFR Part 52

Environmental protection, Air pollution control, Intergovernmental relations, Particulate matter, Reporting and recordkeeping requirements.

Dated: October 16, 2001.

Jack W. McGraw,

Acting Regional Administrator, Region VIII.

Chapter I, title 40, part 52 of the Code of Federal Regulations is amended as follows:

PART 52—[AMENDED]

1. The authority citation for part 52 continues to read as follows:

Authority: 42 U.S.C. 7401 *et seq.*

Subpart G—Colorado

2. Section 52.332 is amended by revising the section heading and by adding paragraph (k) to read as follows:

§ 52.332 Control strategy: Particulate matter.

* * * * *

(k) *Determination*—EPA has determined that the Steamboat Springs PM_{10} ''moderate'' nonattainment area attained the PM_{10} national ambient air quality standard by December 31, 2000. This determination is based on air quality monitoring data from 1998, 1999, and 2000.

Subpart BB—Montana

3. Section 52.1374 is amended by redesignating the existing paragraph as paragraph (a) and adding paragraph (b) to read as follows:

§ 52.1374 Control strategy: Particulate matter.

* * * * *

(b) *Determination*—EPA has determined that the Whitefish PM_{10} ''moderate'' nonattainment area attained the PM_{10} national ambient air quality standard by December 31, 1999. This determination is based on air quality monitoring data from 1997, 1998, and 1999. EPA has determined that the Thompson Falls PM_{10} ''moderate'' nonattainment area attained the PM_{10} national ambient air quality standard by December 31, 2000. This determination is based on air quality monitoring data from 1998, 1999, and 2000.

[FR Doc. 01–27277 Filed 10–31–01; 8:45 am]

BILLING CODE 6560–50–P

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 52

[Docket #s: OR 68–7283a, OR 37–2–6301a, and OR 37–1–6301a; FRL–7035–6]

Approval and Promulgation of Air QualityImplementation Plan; Oregon

AGENCY: Environmental Protection Agency (EPA or ''we'').

ACTION: Direct final rule.

SUMMARY: EPA is taking direct final action approving most but not all of the State Implementation Plan (SIP) revisions submitted by the State of Oregon. This rulemaking evaluates the provisions of the Oregon Visibility SIP submitted August 26, 1993, smoke management plan provisions submitted on August 26, 1993, amendments to the smoke management plan for the Blue Mountains submitted September 27, 1995, and revisions to the Oregon field burning program submitted July 3, 1997. We are acting on these submissions together because they address, or are affected by, the control of particulate matter from area sources, specifically smoke from field burning and smoke from forestry burning. These rules are also linked through the Oregon Visibility SIP, which seeks to control visibility degradation through field burning programs and smoke management programs.

EPA is taking no action on the provision in the visibility SIP changing the review period from three to five years. Instead, the original three year review cycle will remain in the federally approved SIP until the first Regional Haze SIP is submitted and approved.

DATES: This direct final rule will be effective December 31, 2001, unless EPA receives adverse comment by December 3, 2001. If adverse comments are received, EPA will publish a timely withdrawal of the direct final rule in the informing the public that the rule will not take effect.

ADDRESSES: Mail written comments to Steven K. Body, EPA, Region 10, Office of Air Quality (OAQ–107), 1200 Sixth Avenue, Seattle, Washington 98101. You can see copies of the relevant documents used in this rulemaking during normal business hours at the following location: EPA Region 10, Office of Air Quality, 1200 Sixth Avenue, Seattle, Washington, 98101.

FOR FURTHER INFORMATION CONTACT: Steven K. Body, EPA Region 10, Office of Air Quality, at (206) 553–0782.

SUPPLEMENTARY INFORMATION: The supplementary information is organized in the following order:

I. Visibility

A. What Is Visibility Protection and Why Do We Have It?

Section 169A of the Federal Clean Air Act (CAA or Act) requires states to protect visibility in mandatory Class I Federal areas where visibility is an important value. Mandatory Class I Federal areas are generally large national parks or wilderness areas where visibility is considered an important value. In Oregon, there are 12

mandatory Class I Federal areas, which include the Mount Hood Wilderness, the Mount Jefferson Wilderness, Three Sisters Wilderness, and Crater Lake National Park. A full listing of these mandatory Class I Federal areas can be found at 40 CFR 81.425, as well as at OAR 340–30–120. The Federal rules regulating visibility protection are set out in 40 CFR part 51, subpart P.

What are the main visibility protections provided for by the Federal rules? The Clean Air Act sets out a goal of preventing any future and remedying any existing impairment of visibility in mandatory Class I Federal areas (section 169(A)). Employing a close coordination process among the state and the Federal land managers (FLM), the Federal rules require monitoring of visibility in mandatory Class I Federal areas, as well as the development of a long-term strategy for making reasonable progress towards this national visibility goal. The visibility protection rules also provide for an assessment of visibility impacts from any new major stationary source or major modification that may affect mandatory Class I Federal areas. Additionally, in the event that a Federal land manager certifies impairment of visibility in a mandatory Class I Federal area that could be caused, or contributed to, by a major stationary facility, Best Available Retrofit Technology (BART) may be imposed on the facility.

The Federal visibility rules were modified in 1999 to include provisions for addressing regional haze. Regional haze is visibility impairment which results from emissions from many point and non-point sources. All of the states are currently in the process of developing revisions to their SIP to address the regional haze provisions. Therefore, the SIP submission under discussion in this action is not required to comply with the regional haze provisions of 40 CFR part 51, subpart P. Please see the Technical Support Document associated with this rule for additional discussion of the visibility requirements of the Federal rule.

B. How Is Visibility Being Protected in Oregon?

On November 22, 1988, EPA approved visibility protection provisions into Oregon's State Implementation Plan (see 53 FR 47188). Oregon's visibility protection provisions are at Oregon Administrative Rule (OAR) 340–20–047, section 5.2. The visibility protection SIP provided three approaches to visibility protection: (1) A short-term strategy to be accomplished over a 5 year period to mitigate existing visibility impairment; (2) a long-range strategy to reduce fine particle emissions from agricultural field burning and forest prescribed burning over a 10–15 year period; and (3) on-going visibility protection afforded through the New Source Review permitting process. EPA approved the visibility SIP because it conformed to the federal visibility protection provisions outlined in 40 CFR 51.300, subpart P. On August 26, 1993, Oregon submitted changes to Oregon's regulations as proposed revisions to the visibility SIP.

C. What Does Oregon's 1993 Visibility SIP Submission Propose To Change and How Do These Changes Compare to the Federal Requirements?

The federal rules regulating visibility protection are set out in 40 CFR part 51, subpart P. Many of the federal requirements set out in subpart P are specific to SIPs that contain BART controls on a stationary source. Currently there are no major stationary sources in Oregon that could be required to adopt BART controls, therefore the BART requirements in subpart P are not applicable to this review of the Oregon SIP.

How does Oregon's SIP submission compare with the federal visibility requirements? The federal regulations require states to: (1) Develop long-term strategies for improving visibility over a 10–15 year period; (2) assess visibility impairment; (3) establish BART emission limits (if applicable); and (4) implement visibility protection provisions under the Prevention of Significant Deterioration program. See 40 CFR 51.302. The first, second and fourth requirements are discussed below. The third requirement is not applicable to Oregon because no Federal Land Manager has certified impairment of visibility in a Class I area due to a specific stationary source.

What are the proposed changes to the long-term strategy for visibility protection and how do they compare to the federal requirements? The 1993 submission builds on the programs established in the earlier visibility SIP. Oregon set out a comprehensive plan for all its Class I areas. Focusing on vegetative burning, the 1993 submission: (1) Expands the period during which restrictions to protect visibility apply by approximately 15 days; (2) incorporates the Class I area visibility protection provisions of the Union and Jefferson County field burning ordinances (Union County Ordinance #1992–4 passed May 6, 1992, and Jefferson County Ordinance #0–58–89 passed May 31, 1989); (3) reduces the annual acreage allowed for research and hardwood conversion burning from 1200 to 600 acres per year; and (4) revises the Willamette Valley field burning restriction emergency clause to allow hardship requests for visibility protection exemptions beyond August 10th of each year. In addition to these changes, the 1993 visibility SIP submission proposes to decrease the frequency of the formal review of the visibility program by the Department of Environmental Quality from 3 to 5 years. However, EPA will take no action on this provision because at this time Federal visibility protection regulations require the states to review and revise as necessary the visibility program every three years. See 40 CFR 51.306(c). Thus the three year review period remains in the SIP.

EPA has determined that the 1993 submission is a general strengthening of the SIP because it includes additional provisions protecting visibility, such as the expansion of the visibility protection period, and the addition of field burning ordinances for Jefferson and Union County.

Visibility is actively monitored in the Oregon Class I areas. Visibility in the Class I areas has significantly improved from the conditions in the 1980s. Please see the Technical Support Document associated with this rule for further discussion on this issue.

The 1993 submission evaluated monitoring results for the summers of 1984 to 1989 as part of the State's assessment of the effectiveness of its past controls and choice of future controls needed. Oregon concluded that from 23% to 31% of the visibility impairment cases documented within the Eagle Cap Wilderness are caused by agricultural field burning in the Grande Ronde Valley. Oregon also identified Jefferson County agricultural field burning as a source of impairment within the central Oregon Cascade wilderness areas. Based on this assessment, Oregon continues to focus on emissions from agricultural burning.

EPA believes that Oregon's monitoring system and the SIP's use of these data satisfy the federal requirements to monitor visibility, assess the progress achieved in remedying existing impairment of visibility, assess changes in visibility since the last report, and use these assessments in the development of a long-term strategy. See 40 CFR 51.302(c)(ii), 51.305, 51.306(c)(1), and 51.306(c)(3).

40 CFR 51.307 sets out the requirements for evaluating the visibility impacts from any new major stationary source or major modification that would be constructed in an area

that is designated attainment or unclassified. The State of Oregon is fully delegated to carry out the Prevention of Significant Deterioration (PSD) program and complies with this section of the visibility provisions.

D. Which Regulations Are Being Approved Through This Federal Action?

In this action, EPA is revising Oregon's State Implementation Plan to include OAR 340–20–047, section 5.2 that became effective August 11, 1992. EPA is taking no action on the provision in OAR 340–20–047, section 5.2.4.2 and section 5.2.5.1, that changes the review period of the visibility SIP from three to five years.

II. Smoke Management Plan

A. What Is Oregon's Smoke Management Plan?

Oregon's Smoke Management Plan (SMP) is a program designed to manage smoke impacts from the burning of silvicultural wastes and the prescribed burning of forests. The Oregon SMP tries to balance essential forest land burning with preventing smoke from being carried to, or accumulating in, designated areas and other areas sensitive to smoke. The SMP establishes a permitting system for burning based on close cooperation of the Oregon Department of Forestry (ODF) and the Oregon Department of Environmental Quality (ODEQ). The SMP requires burners to obtain burning permits and to burn only under appropriate meteorological conditions.

Oregon's Smoke Management Plan is at OAR 629–43–043, Oregon Department of Forestry rules. On November 22, 1988, EPA incorporated the State of Oregon's smoke management program (OAR 629–43–043) and the ''Operational Guidance for the Oregon Smoke Management Program'' (Directive 1–4–1–601) into the SIP. See 53 FR 47188 (November 22, 1988). On August 26, 1993, Oregon submitted the Department of Environmental Quality Smoke Management Plan as amended and adopted as part of the Oregon Clean Air Act Implementation Plan (SIP) through Oregon Administrative Rule (OAR) 340–20–047, to EPA as a revision to the SMP portion of the Oregon SIP

B. How Does Oregon's 1993 Submission Change the Plan?

Through this 1993 SIP submission, Oregon is modifying its Smoke Management Plan to strengthen visibility protection of the Class I areas, and to provide for additional protections around nonattainment areas for particulate matter with an aerodynamic diameter less than or equal to a nominal 10 micrometers (PM–10). EPA is approving Oregon's amendment to its Smoke Management Plan because it constitutes a general strengthening of the SIP.

One of the primary strengthening provisions of the Oregon Smoke Management Plan is the adoption of additional restrictions on burning through the establishment of a Special Protection Zone (SPZ) around each of the six PM–10 nonattainment areas in Oregon. When this rule was under development in 1992, there were six PM–10 nonattainment areas; Klamath Falls, Medford, Oakridge, Grants Pass, Eugene-Springfield, and La Grande. A new nonattainment area, Lakeview, was designated on October 25, 1993. See 40 CFR 81.338. The SMP does not identify a SPZ for Lakeview. Determined in part by geography, meteorology and location of forested areas, the 20 mile SPZ boundary around the six PM–10 nonattainment areas would contain additional restrictions on slash burning. In western Oregon, between November 15 and February 15, the slash burning restrictions are mandatory: (1) A prohibition on burning in the SPZ if the Department of Forestry forecaster determines weather conditions are likely to cause a smoke intrusion into the adjacent PM–10 nonattainment area; (2) monitoring of burns for at least 3 days and requirements to extinguish fires to prevent smoke from smoldering fires from affecting the nonattainment area; and (3) a prohibition on new ignitions in the SPZ when there is a residential wood combustion curtailment in the adjacent PM–10 nonattainment area between December 1 to February 15 (during ''Red'' woodburning curtailment). In eastern Oregon, these three restrictions would be voluntary for La Grande and Klamath Falls.

In the event that both a PM–10 nonattainment area fails to attain the National Ambient Air Quality Standard by the specified deadline, and a measured impact from slash smoke is determined to be a significant contributor to the PM–10 nonattainment, then additional smoke burning restrictions would take effect as contingency measures to the PM–10 nonattainment area plans.

The 1993 SIP revision revises the definition of slash to exclude brush generated by residential development land clearing. Instead, the burning of brush generated by residential development land clearing will be regulated by the Department of Environmental Quality's open burning rules.

For additional discussion of the previously described modifications and other changes to the smoke management plan proposed by the 1993 SIP submission, please see the Technical Support Document associated with this rule.

C. How Does the Smoke Management Plan Compare to Federal Requirements?

The visibility protection provisions at 40 CFR part 51, subpart P suggest that states consider Smoke Management Plans in developing long-term strategies for visibility protection. In September 1992, the Environmental Protection Agency published *The Prescribed Burning Background Document and Technical Information Document for Best Available Control Measures* to assist states in the development of Smoke Management Plans (EPA–450/2–92–003). These are a few examples of how the federal government widely acknowledges the benefits of smoke management plans. However, there are no specific federal requirements for states to develop and adopt Smoke Management Plans. Nonetheless, when compared with many of the smoke management plans adopted by other states, Oregon's Smoke Management Plan is one of the stronger plans.

D. Which Regulations Are Being Approved Through This Federal Action?

In this action, EPA is revising Oregon's State Implementation Plan to include rules for the Oregon Department of Forestry. Specifically, OAR 629–24–301, that became effective on August 1, 1987 and the Smoke Management Plan at OAR 629–43–0043 that became effective on April 13, 1987, are approved. This action also approves Oregon Revised Statutes, ORS 477.515, last amended in 1971 into the SIP and modifies the *Operational Guidance for the Oregon Smoke Management Program,* Directive 1–4–1–601 that became effective on August 11, 1992.

III. Smoke Management Plan—Blue Mountain Revision

A. What Changes to the Smoke Management Plan Are Being Proposed?

On September 27, 1995, Oregon submitted a package of rules revising the Prevention of Significant Deterioration (PSD) program for Oregon. The package included several modifications to comply with existing federal requirements for the PSD program, as well as changes specific to the Oregon program. The 1995 submission sought to: replace Total

Suspended Particulate increments with PM–10 increments; change the boundaries for the Class I areas; change the PSD baseline date, and amend the Smoke Management Plan.

On March 7, 1997, EPA approved the changes submitted in the September 1995 package with the exception of approving the amendments to the Smoke Management Plan (see 62 FR 10457). In this action, EPA is approving the Smoke Management Plan amendments.

The 1995 submission amends the Smoke Management Plan in the Blue Mountains in eastern Oregon. The Blue Mountains comprise the Umatilla, Wallowa-Whitman, Ochoco, and Malheur National Forests in northeastern Oregon, the forest lands of the Baker Resource Area, Vale Bureau of Land Management (BLM) District, Central Oregon Resource Area, Prineville BLM District, and the Three Rivers Resource Area and the Burns BLM District. The 1995 submission creates a mandatory smoke management program that requires Forest Service and BLM to track annual emissions from prescribed burning and wildfire to protect against a violation of the PSD increment requirements. The 1995 submission requires prescribed burning to be curtailed if the emission target is reached. Should unexpected increases in wildfires cause the target level to be exceeded, the annual prescribed burning limit would be adjusted downward to offset these increases.

The PSD baseline time period for the Blue Mountains is set using the period of 1980 to 1993, inclusive. The amendments to the Smoke Management Plan establishes a total baseline emissions from prescribed burning and wildfire. The total baseline emissions are estimated to be 17,500 tons of PM–10 per year. The Smoke Management Plan distributes this increment between a wildfire target level of 2,500 tons of PM–10 per year, and a prescribed burning emission limit of 15,000 tons per year. The 1995 submission requires wildfire emissions to be estimated, and adjustments to the prescribed burning schedule to be made in response to these estimates.

Further, the Forest Service and BLM are required to conduct prescribed burning under smoke dispersion conditions which minimize smoke impacts and protect air quality in northeast Oregon, southeast Washington, and western Idaho. An important component of this program is the establishment of real-time monitoring of smoke impacts through a smoke management network operated by the Forest Service, with technical assistance from the Oregon Department of Environmental Quality. Should burning be determined to be causing a measurable smoke impact, aggressive mop-up or other measures would be used to reduce the duration or intensity of the smoke impacts.

B. What Are the Federal Requirements?

There are no specific federal requirements for Smoke Management Plans. The federal requirements for the Prevention of Significant Deterioration are outlined in 40 CFR 51.166. As noted above, EPA approved the revision of the baseline date for an area in northeastern Oregon in March 1997. EPA has reviewed the derivation of the 17,500 tons per year baseline and believes it is consistent with the Clean Air Act. EPA further believes that this Smoke Management Plan would improve Oregon's ability to try to control overall smoke impacts from forest fires. This is a creative approach to minimize air quality impacts from prescribed fires and wildfires based on strong cooperation among state air regulators, state land managers, and federal land managers.

C. Which Regulations Are Being Approved Through This Federal Action?

In this action, EPA is revising Oregon's State Implementation Plan to include the ''Oregon Smoke Management Plan, Appendix 5, Operational Guidance to the Oregon Smoke Management Program, Criteria for National Forest and BLM Lands in the Blue Mountains of NE Oregon (Volume 3, Section A1)'' with the effective date of July 12, 1995.

IV. Field Burning

A. What Is Oregon's field burning program?

Since the 1970's, Oregon has operated a field burning program to control particulate matter emissions from the burning of perennial and annual grass seed and cereal grain crops in the Willamette Valley. The Willamette Field Burning Rules are in OAR Chapter 340, Division 26. The open burning of all other agricultural waste material, including sanitizing perennial and annual grass seed crops by open burning in counties outside of the Willamette Valley is governed by OAR Chapter 340, Division 23, ''Rules for Open Burning.'' This action addresses changes to Division 26 only.

Over the years, Oregon has modified its field burning program. In 1985, EPA approved the field burning SIP. The field burning program was a permits and fee program. Burning permits were specific to location and might limit or define the methods a burner may use. The 1985 field burning SIP established a cap on the maximum acreage to be open burned annually in the Willamette Valley. This acreage cap was set at 250,000 acres annually. The 1985 field burning SIP included a record keeping provision that enabled the program to track acreage burned. Based on meteorological assessments of wind conditions and mixing heights, the field burning program had daily burning authorization criteria.

EPA last approved the propane flaming annual acreage cap and several definitions for the Oregon field burning program in 1997 (62 FR 8385, February 25, 1997). The approved modifications to Division 26 were those that were effective in Oregon on March 10, 1993. The last substantive EPA approval of Division 26 occurred in 1985 (50 FR 31368, August 2, 1985). On July 3, 1997, ODEQ submitted revisions to the field burning program as a revision to Chapter 340, Division 26, ''Rules for Open Burning (Willamette Valley)'.

B. How Does This SIP Submission Change the Program?

What are the significant changes proposed by the July 3, 1997, submission? This 1997 submission proposes to significantly revise the 1985 field burning SIP. Earlier in 1997, EPA adopted several housekeeping changes to the Willamette Valley field burning rule (see 62 FR 8385, February 25, 1997). The February 1997 action was not intended to address any substantive changes to the field burning program. In February 1997, EPA specifically approved the definitions for: ''fire safety buffer zone,'' ''marginal day,'' ''open burning,'' ''propane flaming permit,'' ''released allocation,'' and ''stack burning permit.'' EPA also approved a maximum acreage to be propane-flamed annually in the Willamette Valley.

The July 3, 1997, submission modifying the Oregon field burning rules establishes three types of burning: open field burning, propane flaming and stack or pile burning. The 1997 submission reduces the total acreage allowed to be open burned, establishes a separate acreage cap for propane flaming, exempts stack or pile burning from the field burning cap and changes the registration, permitting and fee structure for all these burns. The 1997 submission also adds two new sections: Sections 340–26–033 and 340–26–055 which regulate preparatory burning and stack or pile burning. This 1997 submission also repeals Section 340–26–025 which provided for Civil Penalties.

C. What Are The Changes in Acreage Limitations?

How are acreage limitations affected by the new submission? In the 1985 field burning SIP, Oregon established that the maximum acreage to be open burned annually would not exceed 250,000 acres. The 1985 SIP also set a daily burn limit of 46,934 acres per day. Propane flaming was not included under this acreage limitation. In supporting documentation on the July 3, 1997, SIP revision, provided to EPA by Oregon on December 22, 1999, Oregon asserts that stack or pile burning were not considered to be covered by this limitation, either. EPA disagrees. In reading the language used in the 1985 SIP, as well as the language adopted under the Fire Marshal Rules that were first promulgated in 1988, there was a consistent division only between field burning and propane flaming. ''Stack or pile burning'' was not considered to be a separate category. EPA believes that the 250,000 annual acreage limit covered both open field burning and stack or pile burning.

As noted earlier, the 1997 submission defines three different methods of burning: open field burning, propane flaming, and stack or pile burning. The 1997 submission treats each of these types of burns differently. One of the most aggressive forms of control in Oregon's field burning program is the significant decrease in the maximum acreage that can be open field burned annually. The maximum allowable acreage decreased from 140,000 (for 1992–3) to 120,000 (for 1994–5) to 100,000 (for 1996–7) to 40,000 for 1998 and thereafter. Maximum acreage of fields to be propane flamed annually is set at 75,000 acres. No specific acreage caps have been set for stack or pile burning, however, the fees for stack or pile burning incrementally increase annually to discourage this type of burning.

What is the effect of the acreage limitations proposed in the 1997 submission? Combining the limits for open burning and propane flaming, the maximum combined acreage to be burned annually is 140,000 acres. This is a decrease from the 250,000 annual limit on open burning established in the 1985 SIP. Stack and pile burning is not included in this annual cap.

As noted above, EPA believes that stack or pile burning was included in the 1985 SIP's annual limit of 250,000 acres. In 1999, Oregon estimated the amount of acreage treated by stack or pile burning fell from approximately 60,000 acres in 1988 to 30,000 acres in 1991, to 14,574 acres in 1992, to 8,588 acres in 1997. (See December 22, 1999 letter from Laurey Cook, ODEQ, to Claire Hong, EPA Region 10). EPA believes that these significant decreases in the amount of acreage stack or pile burned are likely to continue due to the conversion of agricultural lands to other uses, the fall in hay prices, and the increased cost of sanitizing the fields. Even if we were to use the historically much higher 1988 levels of stack or pile burning, the overall acreage that would be burned would still fall below the limits established in the 1985 SIP for annual limits.

In addition to the change in annual acreage limits, another change to the acreage limitations focused on acreage burned per day. Under the 1985 SIP, the daily cap on acres field burned was 46,934 acres. This cap was based on air quality dispersion modeling that indicated that burning this acreage would not result in a violation of the National Ambient Air Quality Standards or Prevention of Significant Deterioration increments. The 1997 submission would repeal this daily acreage cap. EPA believes that repealing this daily acreage limit would not result in a weakening of the SIP due to the significantly decreased acreage that can be burned over the year for all types of burning. Although not a direct comparison, the annual limit in the 1997 submission for open burning is lower than the 1985 daily cap on acres burned. Additionally, the 1997 submission adds acreage limits for steep terrain, training fires, and preparatory burns. When evaluated in total, EPA believes all these changes to acreage limits is a general strengthening of the SIP.

In reviewing the 1997 submission, EPA considers the impact of rule changes on air quality. Comparing the total acreage allowed to be burned under the 1985 SIP to the total acreage allowed to be burned under the 1997 submission is a rough indicator of what air quality impacts may be. However, there are factors in addition to decreased acreage that support the idea that this 1997 modification would result in better air quality. The 1997 submission encourages the use of stack or pile burning over open field burning. In general, stack or pile burning tends to emit less smoke than open field burning due to higher combustion rates because of the concentration of materials. While this correlation does not hold true if the stacks or piles are wet, it is likely that encouraging the use of stack or pile burning over open field burning would result in lower emissions. Oregon estimates that an acre of straw burned in the field emits sixty percent more particulate matter than an acre of straw removed and burned in a stack. When evaluated in total, EPA believes that the overall impact of changes to acreage limitations would be a strengthening of the SIP.

D. What Are the Changes in Registration and Permitting of Different Types of Burning?

Two of the main changes between the 1985 SIP and the 1997 submission is the change in the treatment of propane flaming and the addition of stack or pile burning as a separate category of burning. In the 1985 SIP, propane flaming was exempt from rules OAR 340–26–010 through 340–26–015 and, therefore not subject to open field burning requirements related to registration, permits, fees, limitations, allocations and daily burning authorization criteria. The 1997 submission dramatically modifies the treatment of propane flaming. The 1997 submission prohibits individuals from burning in a manner contrary to the Department's conditions. Section OAR 340–26–010 (5), states that, ''No person shall cause or allow open field burning, propane flaming, or stack or pile burning which is contrary to the Department's announced burning schedule specifying the times, locations and amounts of burning permitted, or to any other provision announced or set forth by the Department or this Division.'' The 1997 submission would repeal the exemption of propane flaming from registration, permitting and other general controls established for field burning. This does not mean that propane flaming is treated in the exact same manner as field burning. It is not. Rather, propane flaming is more controlled under the 1997 rules than it was in the 1985 SIP.

Stack or pile burning's treatment under Division 26 is also clarified by the 1997 submission. The 1997 submission creates a new category of burning known as stack or pile burning. The 1997 submission does not include stack or pile burning in the annual acreage limitations established for field burning. As discussed earlier in this **Federal Register** notice, and in the TSD that accompanies this action, EPA believes that failing to include stack or pile burning in the annual acreage limits does not weaken the SIP because of the significant decrease in the acreage that can be burned under the annual cap.

The 1997 submission also proposes to change the treatment of stack or pile burning by exempting stack or pile burning from the registration process. Although Oregon would no longer separately register acres that would be

stack or pile burned, Oregon would continue to permit stack or pile burning. Thus, Oregon would still be able to track the acres to be stack or pile burned through the permitting process. Oregon also proposes to clarify that stack or pile burning will be subject to the State Fire Marshal Rules that prohibit burning within 1/4 mile of major roadways, and that can impose additional conditions on burning. Stack and pile burning must be conducted with a valid permit, must follow established procedures of the Department, and is prohibited on any day, or at any time, if the Department has notified the State Fire Marshal that such burning is prohibited because of adverse meteorological or air quality conditions.

What is the overall impact of these changes to the treatment of stack or pile burning? Although stack or pile burning will no longer be registered, it continues to be permitted, thus allowing sufficient regulatory authority to control stack or pile burning. EPA believes the impact of these changes would not constitute a relaxation of the SIP.

E. Are There Any Other Significant Changes Proposed by the 1997 SIP Submission?

The 1997 submission incorporates the Rules of the State Fire Marshal by reference into 340–26–001, 340–26–015, 340–26–033, 340–26–045, and 340–26–055. The rules of the State Fire Marshal, safety requirements for field burning and propane flaming, are at Oregon Administrative Rules 837–110–010 through 837–110–160. Adopting these rules by reference is intended to increase the degree of public safety by preventing unwanted wild fires and smoke from open field burning, propane flaming, and stack burning near highways and freeways. The State Fire Marshal rules establish a fire safety buffer zone around highways and roadways. The State Fire Marshal rules outline additional controls on the manner and timing of burns in these areas.

The 1997 submission repeals Section 340–26–025 entitled ''Civil Penalties''. While SIP revisions are evaluated for enforceability, rules describing state enforcement authority and penalties are not appropriate for inclusion into the SIP to avoid potential conflict with EPA's independent authorities. Therefore, EPA is taking no action on these provisions of the Oregon rules.

Other rule changes include systematically referencing propane flaming and stack or pile burning to the rules to clarify which criteria apply to different types of burns. The ''prohibition conditions'' under daily burning authorization criteria are tightened and the acreage limitation for experimental burning are lowered from 5000 to 1000 acres. Several definitions have been added, and the definition for ''grower allocation'' has been modified to tighten the amount of acreage that could be allocated in the event that total registration as of April 1 exceeds the maximum acreage allowed to be open field burned or propane flamed annually.

F. What Are the Federal Requirements for Field Burning?

Similar to smoke management plans, there are no federal requirements for field burning controls. How then does EPA evaluate the adequacy of these significant changes proposed by the 1997 submission? Section 193 of the Clean Air Act, entitled the ''General Savings Clause'' provides that, ''no control requirement in effect, or required to be adopted by an order, settlement agreement, or plan in effect before the date of the enactment of the Clean Air Act Amendments of 1990 in an area which is a nonattainment area for any air pollutant, may be modified after such enactment in any manner unless the modification insures equivalent or greater emission reductions of such air pollutant.''

The pollutant of concern is PM–10 and the area of interest is the Willamette Valley, which contains several PM–10 nonattainment areas. The criteria for approval of these revisions is whether the 1997 submission would pose a relaxation of the controls that are in effect in the existing State Implementation Plan.

The majority of the changes proposed by the 1997 submission, such as the specific incorporation of the State Fire Marshal rules, strengthen the controls on field burning. The area most likely to be seen as a relaxation is the exemption of stack or pile burning from the annual acreage cap for field burning. However, as discussed above, EPA believes the impacts of this change are not a relaxation of the SIP.

In addition to reviewing the regulatory stringency of the 1997 submission compared to the 1985 SIP, it may be useful to evaluate the air quality in the Willamette Valley. The air quality data do not raise specific concerns about the contribution of field burning to the exceedances of the PM–10 standard. Please see the associated Technical Support Document for a fuller discussion.

G. Which Regulations Are Being Approved Through This Federal Action?

In this action, EPA is revising the Oregon State Implementation Plan to include OAR Chapter 340, Division 26 effective May 31, 1994. Further, EPA is incorporating by reference the rules of the State Fire Marshal OAR 837–110–110 through 837–110–160, effective February 7, 1994.

Please note that since these SIP revisions were adopted by the state, other modifications to Oregon's rules may have been adopted by the Environmental Quality Commission and submitted to the EPA for approval (e.g. the rule recodification package). Approval of the SIP revisions discussed in this action does not rescind any local rule amendments that were subsequently filed and submitted.

V. Administrative Requirements

Under Executive Order 12866 (58 FR 51735, October 4, 1993), this action is not a ''significant regulatory action'' and therefore is not subject to review by the Office of Management and Budget. For this reason, this action is also not subject to Executive Order 13211, ''Actions Concerning Regulations That Significantly Affect Energy Supply, Distribution or Use'' (66 FR 28355, May 22, 2001) This action merely approves state law as meeting federal requirements and imposes no additional requirements beyond those imposed by state law. Accordingly, the Administrator certifies that this rule will not have a significant economic impact on a substantial number of small entities under the Regulatory Flexibility Act (5 U.S.C. 601 et seq.). Because this rule approves pre-existing requirements under state law and does not impose any additional enforceable duty beyond that required by state law, it does not contain any unfunded mandate or significantly or uniquely affect small governments, as described in the Unfunded Mandates Reform Act of 1995 (Public Law 104–4). This rule also does not have a substantial direct effect on one or more Indian tribes, on the relationship between the Federal Government and Indian tribes, or on the distribution of power and responsibilities between the Federal Government and Indian tribes, as specified by Executive Order 13175 (65 FR 67249, November 9, 2000), nor will it have substantial direct effects on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government, as specified in Executive Order 13132 (64 FR 43255,

August 10, 1999), because it merely approves a state rule implementing a federal standard, and does not alter the relationship or the distribution of power and responsibilities established in the Clean Air Act. This rule also is not subject to Executive Order 13045 (62 FR 19885, April 23, 1997), because it is not economically significant.

In reviewing SIP submissions, EPA's role is to approve state choices, provided that they meet the criteria of the Clean Air Act. In this context, in the absence of a prior existing requirement for the State to use voluntary consensus standards (VCS), EPA has no authority to disapprove a SIP submission for failure to use VCS. It would thus be inconsistent with applicable law for EPA, when it reviews a SIP submission, to use VCS in place of a SIP submission that otherwise satisfies the provisions of the Clean Air Act. Thus, the requirements of section 12(d) of the National Technology Transfer and Advancement Act of 1995 (15 U.S.C. 272 note) do not apply. As required by section 3 of Executive Order 12988 (61 FR 4729, February 7, 1996), in issuing this rule, EPA has taken the necessary steps to eliminate drafting errors and ambiguity, minimize potential litigation, and provide a clear legal standard for affected conduct. EPA has complied with Executive Order 12630 (53 FR 8859, March 15, 1988) by examining the takings implications of the rule in accordance with the ''Attorney General's Supplemental Guidelines for the Evaluation of Risk and Avoidance of Unanticipated Takings'' issued under the executive order. This rule does not impose an information collection burden under the provisions of the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et seq.).

The Congressional Review Act, 5 U.S.C. 801 et seq., as added by the Small Business Regulatory Enforcement Fairness Act of 1996, generally provides that before a rule may take effect, the agency promulgating the rule must submit a rule report, which includes a copy of the rule, to each House of the Congress and to the Comptroller General of the United States. EPA will submit a report containing this rule and other required information to the U.S. Senate, the U.S. House of Representatives, and the Comptroller General of the United States prior to publication of the rule in the **FEDERAL REGISTER.** A major rule cannot take effect until 60 days after it is published in the **FEDERAL REGISTER.** This action is not a ''major rule'' as defined by 5 U.S.C. 804(2). This rule will be effective December 31, 2001 unless EPA receives adverse written comments by December 3, 2001.

Under section 307(b)(1) of the Clean Air Act, petitions for judicial review of this action must be filed in the United States Court of Appeals for the appropriate circuit by December 31, 2001. Filing a petition for reconsideration by the Administrator of this final rule does not affect the finality of this rule for the purposes of judicial review nor does it extend the time within which a petition for judicial review may be filed, and shall not postpone the effectiveness of such rule or action. This action may not be challenged later in proceedings to enforce its requirements. (See section 307(b)(2).)

Oregon Notice Provision

During EPA's review of a SIP revision involving Oregon's statutory authority, a problem was detected which affected the enforceability of point source permit limitations. EPA determined that, because the five-day advance notice provision required by ORS 468.126(1) (1991) bars civil penalties from being imposed for certain permit violations, ORS 468 fails to provide the adequate enforcement authority that a state must demonstrate to obtain SIP approval, as specified in section 110 of the Clean Air Act and 40 CFR 51.230. Accordingly, the requirement to provide such notice would preclude Federal approval of a section 110 SIP revision.

To correct the problem the Governor of Oregon signed into law new legislation amending ORS 468.126 on September 3, 1993. This amendment added paragraph ORS 468.126(2)(e) which provides that the five-day advance notice required by ORS 468.126(1) does not apply if the notice requirement will disqualify a state program from Federal approval or delegation. ODEQ responded to EPA's understanding of the application of ORS 468.126(2)(e) and agreed that, because Federal statutory requirements preclude the use of the five-day advance notice provision, no advance notice will be required for violations of SIP requirements contained in permits.

Oregon Audit Privilege and Immunity Law

Another enforcement issue concerns Oregon's audit privilege and immunity law. Nothing in this action should be construed as making any determination or expressing any position regarding Oregon's Audit Privilege Act, ORS 468.963 enacted in 1993, or its impact upon any approved provision in the SIP, including the revision at issue here. The action taken herein does not express or imply any viewpoint on the question of whether there are legal deficiencies in this or any other Clean Air Act Program resulting from the effect of Oregon's audit privilege and immunity law. A state audit privilege and immunity law can affect only state enforcement and cannot have any impact on federal enforcement authorities. EPA may at any time invoke its authority under the Clean Air Act, including, for example, sections 113, 167, 205, 211 or 213, to enforce the requirements or prohibitions of the state plan, independently of any state enforcement effort. In addition, citizen enforcement under section 304 of the Clean Air Act is likewise unaffected by a state audit privilege or immunity law.

List of Subjects in 40 CFR Part 52

Environmental protection, Air pollution control, Incorporation by reference, Intergovernmental relations, Particulate matter, Reporting and record keeping requirements.

Note: Incorporation by reference of the Implementation Plan for the State of Oregon was approved by the Director of the Office of **Federal Register** on July 1, 1982.

Dated: July 23, 2001.

Ronald A. Kreizenbeck,

Acting Regional Administrator, Region 10.

Part 52, chapter I, title 40 of the Code of Federal Regulations is amended as follows:

PART 52—[AMENDED]

1. The authority citation for part 52 continues to read as follows:

Authority: 42 U.S.C. 7401 *et seq.*

Subpart MM—Oregon

2. Section 52.1970 is amended by adding paragraph (c)(135) to read as follows:

§ 52.1970 Identification of plan.

* * * * *

(c) * * *

(135) The Oregon Department of Environmental Quality submitted a Visibility SIP revision on August 26, 1993, smoke management provisions on August 26, 1993, revisions to the Oregon field burning program on July 3, 1997, and amendments to the smoke management program regarding the Blue Mountains rules on September 27, 1995. EPA approves these revisions with the exception of the provision that changes the review period of the Visibility SIP from every three years to every 5 years (OAR 340–20–047 Section 5.2.4.2 and OAR 340–20–047 Section 5.2.5.1)

(i) Incorporation by reference.

(A) OAR 629–24–301 effective August 1, 1987.

(B) OAR 629–43–043 effective April 13, 1987.

(C) ORS 477.515 effective 1971.

(D) Directive 1–4–1–601, *Operational Guidance for the Oregon Smoke Management Program*, effective October 23, 1992.

(E) OAR 340–26–0035 and 340–26–0040, effective March 10, 1993; OAR 340–26–0001, 340–26–0031, 340–26–0033, and 340–26–0045, effective May 11, 1993; 340–26–0003, 340–26–0005, 340–26–0010, 340–26–0012, 340–26–0013, 340–26–0015, and 340–26–0055, effective May 31, 1994.

(F) OAR 837–110–0010, 837–110–0020, 837–110–0030, 837–110–0040, 837–110–0070, 837–110–0080, 837–110–0090, 837–110–0110, 837–110–0120, 837–110–0130, and 837–110–0150, effective February 7, 1994; 837–110–0160, effective August 11, 1993; and 837–110–0050, 837–110–0060, and 837–110–0140, effective February 7, 1989.

(G) Union County Ordinance #1992–4 effective July 1, 1992.

(H) Jefferson County Ordinance #–0–58–89 effective May 31, 1989.

(I) Remove the following provision from the current incorporation by reference: OAR 340–26–025 effective March 7, 1984.

(ii) Additional Materials.

(A) OAR 340–20–047 Section 5.2 effective August 11, 1992 (except section 5.2.4.2 and section 5.2.5.1 introductory paragraph)

(B) ''Oregon Smoke Management Plan, Appendix 5, Operational Guidance for the Oregon Smoke Management Program, Criteria for National Forest and Bureau of Land Management Lands in the Blue Mountains of NE Oregon (Volume 3, Section A1)'', effective July 12, 1995.

[FR Doc. 01–27279 Filed 10–31–01; 8:45 am]

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ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 70

[PA–T5–AC2001a; FRL–7093–3]

Clean Air Act Full Approval of Partial Operating Permit Program; Allegheny County; Pennsylvania

AGENCY: Environmental Protection Agency (EPA).

ACTION: Direct final rule.

SUMMARY: EPA is taking direct final action fully approving a partial operating permit program under title V of the Clean Air Act (the Act). This program will allow the Allegheny County Health Department (ACHD), located in the Commonwealth of Pennsylvania, to issue federally enforceable operating permits to all major stationary sources and certain other affected minor sources in its jurisdiction. The ACHD's operating permits program was submitted to EPA by the Commonwealth of Pennsylvania on behalf of Allegheny County. By this same rulemaking, EPA is also withdrawing its previously published notice of proposed rulemaking dated December 6, 1999. Any parties interested in commenting on this rulemaking granting full approval to the ACHD's operating permits program should do so at this time.

DATES: This rule is effective on December 17, 2001 without further notice, unless EPA receives adverse written comment by December 3, 2001. If EPA receives such comments, it will publish a timely withdrawal of the direct final rule in the **Federal Register** and inform the public that the rule will not take effect.

ADDRESSES: Written comments may be mailed to Makeba Morris, Chief, Permits and Technical Assessment Branch, Mailcode 3AP11, U.S. Environmental Protection Agency, Region III, 1650 Arch Street, Philadelphia, Pennsylvania 19103. Copies of the documents relevant to this action are available for public inspection during normal business hours at the Air Protection Division, U.S. Environmental Protection Agency, Region III, 1650 Arch Street, Philadelphia, Pennsylvania 19103 and the Allegheny County Health Department Bureau of Environmental Quality, Division of Air Quality, 301 39th Street, Pittsburgh, Pennsylvania 15201.

FOR FURTHER INFORMATION CONTACT: Linda Miller, Permits and Technical Assessment Branch at (215) 814–2068 or by e-mail at miller.linda@.epa.gov. Please note that comments on this rule must be submitted, in writing, as indicated in the **ADDRESSES** section of this document.

SUPPLEMENTARY INFORMATION:

I. Background

On November 9, 1998 and March 1, 2001, the Pennsylvania Department of Environmental Protection (PADEP) submitted a request on behalf of the Allegheny County Health Department (ACHD) for approval of a partial operating program pursuant to 40 CFR part 70 for Allegheny County (the County). The ACHD will be the permitting authority for the operating permit program. On December 6, 1999, EPA proposed approval of the County's partial operating permit program (64 FR 68066). The ACHD has subsequently revised its regulations. These revisions strengthen the ACHD's operating permitting program. In this final rulemaking, EPA is both withdrawing its previous proposal (64 FR 68066) and approving the County's part 70 operating permit program as submitted on November 9, 1998 and amended on March 1, 2001.

This section provides additional information on EPA's approval of the partial operating permit program by addressing the following questions:

What is the operating permit program?
What is a partial program approval?
What are the operating permit program requirements?
What is being addressed in this document?
What is not being addressed in this document?

What Is the Operating Permit Program?

The Clean Air Act Amendments of 1990 required all States to develop operating permit programs that meet established Federal criteria. When implementing the operating permit programs, the States require certain sources of air pollution to obtain permits that contain all of their applicable requirements under the Clean Air Act (CAA or the Act). The focus of the operating permit program is to improve enforcement by issuing each source a permit that consolidates all of its applicable CAA requirements into a federally-enforceable document. By consolidating all of the applicable requirements for a given air pollution source into an operating permit, the source, the public, and the State environmental agency can more easily understand what CAA requirements apply and how compliance with those requirements is determined. Sources required to obtain an operating permit under this program include ''major'' sources of air pollution and certain other sources specified in the Act or in EPA's implementing regulations. For example, all sources regulated under the acid rain program, regardless of size, must obtain operating permits. Examples of ''major'' sources in Allegheny County include, but are not limited to, those that have the potential to emit 50 tons per year or more of volatile organic compounds; 100 tons per year or more of certain other criteria pollutants; those that emit 10 tons per year of any single hazardous air pollutant (HAP) specifically listed under the Act, or those that emit 25 tons per year or more of a combination of HAPs. In an area not meeting the national ambient air quality standards (NAAQS) for ozone, carbon monoxide,

or particulate matter, major sources are defined by the area's nonattainment classification.

What Is a Partial Program Approval?

The approved Pennsylvania part 70 operating permit program currently applies state-wide. A partial program approval means that a geographic region of Pennsylvania, Allegheny County, will have a separate program. The term ''partial'' is a geographic reference. It is not a reference to the approval status of the ACHD's program.

What Are the Operating Permit Program Requirements?

The minimum program elements for an approvable operating permit program are those mandated by title V of the Act and in EPA's implementing regulations at CFR 40, part 70—''State Operating Permit Programs.'' Title V required state and provided for local air pollution control agencies to develop operating permit programs and submit them to EPA for approval by November 15, 1993. Under title V, State and local air pollution control agencies that implement operating permit programs are called ''permitting authorities.'' EPA granted full approval of PADEP's operating permit program on August 26, 1996 (61 FR 39597). That program currently applies in Allegheny County. The ACHD has adopted and requested approval of a separate program, referred to as a partial program. The PADEP has submitted a formal request to EPA for approval of a part 70 operating permit program for Allegheny County. EPA is approving this partial program for Allegheny County.

The regulations for the Allegheny County part 70 permit program are found in the County's Air Pollution Control Regulations. Definitions for the air pollution control program are found in Part A of the regulations (2101.01 et seq.). A list of the County's definitions relevant to this rulemaking is included in the Technical Support Document (TSD) prepared by EPA in support of this rulemaking. Copies of that TSD may be obtained, upon request, from the EPA Regional Office listed in the **ADDRESSES** section of this document. Part C of the County's regulations focuses on requirements for operating permits for all sources of air pollution. Part C is divided into two subparts. Subpart 1 includes requirements for all operating permits, including part 70 sources. Subpart 2 includes additional, and in some cases, more extensive, requirements for part 70 operating permit sources.

The County's program meets the minimum requirements of 40 CFR part 70. Several provisions differ from, but have been determined to be consistent with, 40 CFR part 70, in scope and stringency. These areas are highlighted below:

A. Legal Opinion

The legal opinion submitted by the County did not address the time frame required for petitions for judicial review and the judicial review requirements for failure to issue minor permits. However, as described below, the ACHD's regulations contain provisions which address the requirements:

(1) *Time frame for judicial review:* Although the ACHD's operating permit program regulations do not specify the time frame for filing a petition for judicial review, the ACHD is generally subject to Article XI, Hearings and Appeals. In order to obtain judicial review, section 1104(a) requires that an appellant must first file a notice of appeal to the Director of the ACHD and go through an administrative hearing process. The notice of appeal, as described in ACHD regulations, section 1104(b), requires the names, addresses, and telephone numbers of the appellant and his or her duly authorized attorney or agent, if any, and shall describe grounds for appeal. The notice of appeal must be filed no later than 10 days after written notice or issuance of the action by which the appellant is aggrieved. The remaining requirements for submission of information by the appellant is described in the procedures set forth in section 1105 of the ACHD's regulations. The ACHD regulations meet the requirement for initiating judicial review required by 40 CFR part 70.

(2) *Judicial review for failure to act on minor permits*: The ACHD's program does not specifically address judicial review for failure to issue a minor permit modification as a separate appealable action. However, section 2103.14(c)(8) clearly requires final action within 60 days for any proposed minor permit modification. Section 2103.11(f) states that the Department's failure to take final action is appealable and that the Court of Common Pleas may require action on the application without further delay. Therefore, the ACHD's regulations contain necessary authority to compel action on minor permit modifications.

B. Transition Plan

The transition plan included in section 2103.01 of the ACHD's regulations specified deadlines for permit application submittal and permit issuance. These dates have passed. Nonetheless, EPA previously approved the Commonwealth of Pennsylvania's part 70 operating permit program on August 29, 1996 (see 61 FR 39598) which established deadlines for permit applications that applied state-wide. The ACHD's request to have partial program approval does not affect, or change in any way, the dates established in the Commonwealth's approved program.

C. De Minimis Changes

The ACHD's program limits changes without a permit revision to de minimis levels in section 2103.14. The ACHD regulations allow a permit shield for de minimis changes, unless prohibited by the CAA. In this final rulemaking, EPA is clarifying that the Act's implementing regulations, 40 CFR part 70, do prohibit permit shield for de minimis changes to a title V permit.

D. Absence of Part 70 Emergency Defense Provisions

The ACHD has incorporated most of the recordkeeping and reporting requirements required under part 70 for an emergency to be considered an affirmative defense. However, consistent with Pennsylvania's program, the ACHD program does not allow an emergency to be considered an affirmative defense. EPA clarified in its August 31, 1995 (60 FR 45530) supplemental part 70 document that ''the part 70 rule does not require the States to adopt the emergency defense. A State may include such a defense in its part 70 program to the extent it finds appropriate, although it may not adopt an emergency defense less stringent than that set forth at 40 CFR 70.6 (g).'' As the adoption of emergency defense provisions under part 70 is discretionary, the ACHD's program is not inconsistent with part 70.

A detailed description of Allegheny County's submittal and EPA's evaluation are included in a technical support document (TSD) in support of this rulemaking action. A copy of the TSD is available, upon request, from the EPA Regional Office listed in the **ADDRESSES** section of this document.

What is Being Addressed in This Document?

The November 5, 1998 submittal, as amended March 1, 2001, requested approval of numerous revisions of the Pennsylvania State Implementation Plan (SIP) as well as approval of the ACHD's operating permit program. This final rule addresses only the ACHD's part 70 operating permit program approval. The part 70 operating permit program is also referred to as the title V program, referencing the CAA citation for part 70 operating permit programs.

What is Not Being Addressed in This Document?

The November 9, 1998, submittal, as amended March 1, 2001, contained numerous requests for revisions to the Pennsylvania SIP, including a recodification of the regulations in general, amendments to major and minor new source review (NSR) and prevention of significant deterioration (PSD) programs, as well as requests for approval or delegation of programs under 40 CFR parts 52, 63 and part 70 permitting programs, and approval for delegation of programs under section 112 of the Act. These requests have been or will be the subjects of separate rulemakings.

II. Final Action

EPA is taking direct final action fully approving a partial operating permit program to allow ACHD to issue operating permits to all major stationary sources in Allegheny County, Pennsylvania. In addition, EPA is withdrawing its proposed rule of December 6, 1999(64 FR 68066). EPA is publishing this rule without prior proposal because the Agency views this as a noncontroversial amendment and anticipates no adverse comment. However, in the ''Proposed Rules'' section of today's **Federal Register**, EPA is publishing a separate document that will serve as the proposal to approve the operating permit program approval if adverse comments are filed relevant to the issues discussed in this action. This rule will be effective on December 17, 2001 without further notice unless EPA receives adverse comment by December 3, 2001. If EPA receives adverse comment, EPA will publish a timely withdrawal in the **Federal Register** informing the public that the rule will not take effect. The EPA will address all public comments in a subsequent final rule based on the proposed rule. The EPA will not institute a second comment period on this action. Any parties interested in commenting must do so at this time.

III. Administrative Requirements

A. General Requirements

Under Executive Order 12866 (58 FR 51735, October 4, 1993), this action is not a ''significant regulatory action'' and therefore is not subject to review by the Office of Management and Budget. For this reason, this action is also not subject to Executive Order 13211, ''Actions Concerning Regulations That Significantly Affect Energy Supply, Distribution, or Use'' (66 FR 28355, (May 22, 2001). This action merely approves state law as meeting federal requirements and imposes no additional requirements beyond those imposed by state law. Accordingly, the Administrator certifies that this rule will not have a significant economic impact on a substantial number of small entities under the Regulatory Flexibility Act (5 U.S.C. 601 et seq.). Because this rule approves pre-existing requirements under state law and does not impose any additional enforceable duty beyond that required by state law, it does not contain any unfunded mandate or significantly or uniquely affect small governments, as described in the Unfunded Mandates Reform Act of 1995 (Public Law 104–4). For the same reason, this rule also does not significantly or uniquely affect the communities of tribal governments, as specified by Executive Order 13084 (63 FR 27655, May 10, 1998). This rule will not have substantial direct effects on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government, as specified in Executive Order 13132 (64 FR 43255, August 10, 1999), because it merely approves a state rule implementing a Federal standard, and does not alter the relationship or the distribution of power and responsibilities established in the Clean Air Act. This rule also is not subject to Executive Order 13045 (62 FR 19885, April 23, 1997), because it is not economically significant. In reviewing state operating permit programs, EPA's role is to approve state choices, provided that they meet the criteria of the Clean Air Act. In this context, in the absence of a prior existing requirement for the State to use voluntary consensus standards (VCS), EPA has no authority to disapprove an operating permit program submission for failure to use VCS. It would thus be inconsistent with applicable law for EPA, when it reviews an operating permit program, to use VCS in place of an operating permit program that otherwise satisfies the provisions of the Clean Air Act. Thus, the requirements of section 12(d) of the National Technology Transfer and Advancement Act of 1995 (15 U.S.C. 272 note) do not apply. As required by section 3 of Executive Order 12988 (61 FR 4729, February 7, 1996), in issuing this rule, EPA has taken the necessary steps to eliminate drafting errors and ambiguity, minimize potential litigation, and provide a clear legal standard for affected conduct. EPA has complied with Executive Order 12630 (53 FR 8859, March 15, 1988) by examining the takings implications of the rule in accordance with the ''Attorney General's Supplemental Guidelines for the Evaluation of Risk and Avoidance of Unanticipated Takings'' issued under the executive order. This rule does not impose an information collection burden under the provisions of the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*).

B. Submission to Congress and the Comptroller General

The Congressional Review Act, 5 U.S.C. 801 et seq., as added by the Small Business Regulatory Enforcement Fairness Act of 1996, generally provides that before a rule may take effect, the agency promulgating the rule must submit a rule report, which includes a copy of the rule, to each House of the Congress and to the Comptroller General of the United States. EPA will submit a report containing this rule and other required information to the U.S. Senate, the U.S. House of Representatives, and the Comptroller General of the United States prior to publication of the rule in the **Federal Register**. This rule is not a ''major rule'' as defined by 5 U.S.C. 804(2).

C. Petitions for Judicial Review

Under section 307(b)(1) of the Clean Air Act, petitions for judicial review of this action must be filed in the United States Court of Appeals for the appropriate circuit by December 31, 2001. Filing a petition for reconsideration by the Administrator of this final rule does not affect the finality of this rule for the purposes of judicial review nor does it extend the time within which a petition for judicial review may be filed, and shall not postpone the effectiveness of such rule or action. This action approving a partial title V operating permit program for the ACHD, Allegheny County, Pennsylvania may not be challenged later in proceedings to enforce its requirements. (See section 307(b)(2).)

List of Subjects in 40 CFR Part 70

Environmental protection, Administrative practice and procedure, Air pollution control, Intergovernmental relations, Operating permits, Reporting and recordkeeping requirements.

Dated: October 17, 2001.

James W. Newsom,

Acting Regional Administrator, Region III.

Appendix A of part 70 of title 40, chapter I, of the Code of Federal Regulations is amended as follows:

PART 70—[AMENDED]

1. The authority citation for part 70 continues to read as follows:

Authority: 42 U.S.C. 7401 et seq.

2. Appendix A to part 70 is amended by revising paragraph (b) in the entry for Pennsylvania to read as follows:

Appendix A to Part 70—Approval Status of State and Local Operating Permits Programs

* * * * *

Pennsylvania

(a) * * *

(b) The Pennsylvania Department of Environmental Protection submitted a request on behalf of the Allegheny County Health Department pertaining to operating permit programs in the Commonwealth of Pennsylvania. The submission, dated November 9, 1998 and amended March 1, 2001, includes a request for approval of a partial operating program pursuant to 40 CFR part 70 for Allegheny County. The Allegheny County Health Department's partial operating permit program is hereby granted full approval effective on December 17, 2001.

* * * * *

[FR Doc. 01–27281 Filed 10–31–01; 8:45 am]

BILLING CODE 6560–50–P

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 271

[FRL–7097–1]

Hawaii: Final Authorization of State Hazardous Waste Management Program

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice of final determination on application of Hawaii for final authorization.

SUMMARY: Hawaii has applied for final authorization of its hazardous waste management program under the Resource Conservation and Recovery Act (RCRA). The Environmental Protection Agency (EPA) has reviewed Hawaii's application and has reached a final determination that Hawaii's hazardous waste management program satisfies all of the requirements necessary to qualify for final authorization. Thus, EPA is granting final authorization to the State to operate its program subject to the limitations on its authority retained by EPA in accordance with RCRA, including the Hazardous and Solid Waste Amendments of 1984 (HSWA).

EFFECTIVE DATE: Final authorization for Hawaii shall be effective at 1 p.m. on November 13, 2001.

FOR FURTHER INFORMATION CONTACT: Rebecca Smith, WST–2, U.S. EPA Region 9, 75 Hawthorne Street, San Francisco 94105–3901, (415) 744–2152.

SUPPLEMENTARY INFORMATION:

A. Why are State Programs Authorized?

Section 3006 of RCRA allows EPA to authorize State hazardous waste management programs to operate in the State in lieu of the Federal hazardous waste management program subject to the authority retained by EPA in accordance with RCRA, including HSWA. EPA grants authorization if the Agency finds that the State program (1) is ''equivalent'' to the Federal program, (2) is consistent with the Federal program and other State programs, and (3) provides for adequate enforcement (section 3006(b), 42 U.S.C. 6926(b)). EPA regulations for final State authorization appear at 40 CFR part 271.

B. When Are Revisions to State Programs Necessary?

States which have received final authorization from EPA under RCRA section 3006(b), 42 U.S.C. 6926(b), must maintain a hazardous waste management program that is equivalent to, consistent with, and no less stringent than the Federal program. As the Federal program changes, states must change their programs and ask EPA to authorize the changes. Changes to state programs may be necessary when Federal or state statutory or regulatory authority is modified or when certain other changes occur. Most commonly, states must change their programs because of changes to EPA's regulations in 40 Code of Federal Regulations (CFR) parts 124, 260 through 266, 268, 270, 273 and 279.

C. What Were the Comments and Responses to EPA's Proposal?

On May 5, 1999, Hawaii submitted an official application for final authorization to administer the RCRA program. On June 22, 2000, EPA published a tentative determination announcing its intent to grant Hawaii final authorization. Further background on the tentative decision to grant authorization appears at 65 FR 38802–38806, June 22, 2000.

Along with the tentative determination, EPA announced the availability of the application for public comment and the dates of a public meeting and a public hearing. The public meeting was held on July 25, 2000 and the public hearing was held on July 27, 2000.

The EPA received three oral comments, one of which was supplemented in writing, and one letter containing written comment during the public comment period. Additionally, in April 2001, after the close of the comment period, EPA received a Petition To Withdraw Hawaii Certification and Title VI Complaint of Discriminatory Acts (Petition to Withdraw) document challenging the administration and enforcement of environmental programs by the State of Hawaii and seeking withdrawal of authorization for all environmental programs, including RCRA. We have taken into consideration comments in the Petition relating to the Hawaii hazardous waste management program in taking today's action. In addition, the EPA Office of Civil Rights (OCR), which is responsible for processing and investigating complaints of discrimination filed against programs or activities that receive financial assistance from EPA, has notified the complainant that it will review the Title VI Complaint of Discriminatory Acts under the procedural rules for handling Title VI Complaints. The significant issues raised by the commenters and EPA's responses are summarized below. Today's action is not a final determination on the merits of the Petition to Withdraw federal authorization for all environmental programs in Hawaii.

1. *Comment:* EPA received comments relating to the Hawaii Department of Health's (HDOH) implementation of other programs for which Hawaii had been delegated authority by EPA. The comments generally asserted that the HDOH could not adequately enforce the laws and regulations of the hazardous waste management program because its record of performance in other environmental programs is poor. Some specific examples cited were that Hawaii's enforcement of the Clean Water Act is poor, its implementation of the Total Maximum Daily Load program (TMDL) is poor, and, in general, it lacks adequate funds, staff and commitment for environmental programs, such as the solid waste program. The Petition to Withdraw also raised these concerns. Please note, today's action is not a final determination on the merits of the Petition to Withdraw.

Response: Each environmental program is unique and must be evaluated in light of the particular federal and state requirements applicable to that program. Among other things, programs differ significantly in the numbers and types of pollutants regulated; the number, size and type of facilities which are regulated; complexity and scope of regulatory requirements; regulatory mechanisms (for example, use of permits and prohibitions); tools for assessing compliance (e.g., inspections, self-

monitoring and self-reporting); and enforcement options. Moreover, different programs vary in funding levels and sources, and staffing levels (both number of staff and required qualifications).

With respect to HDOH's performance in implementing the hazardous waste management program, EPA will discuss four program areas: compliance and enforcement, permitting, corrective action and waste minimization. HDOH has demonstrated steady progress in developing a strong compliance program. HDOH has been developing its capability to enforce the hazardous waste regulations since 1988, eleven years prior to submitting its application for program authorization in 1999. Since 1994, when Hawaii first promulgated state hazardous waste regulations, the HDOH staff have conducted more than 170 inspections of generators or treatment facilities and have developed 30 enforcement actions as a result of those inspections. Included in HDOH's recent enforcement efforts was a complex joint enforcement action with EPA against the University of Hawaii. That enforcement action resulted in one of the largest RCRA settlements ever for hazardous waste violations in EPA Region 9, including $1.7 million in penalties and environmental projects.

HDOH has inspected or visited another 530 sites, which were determined to be either conditionally exempt from regulation because they generated small amounts of hazardous waste, or not hazardous waste sites because the original facility no longer existed at that location. Information from these 530 smaller inspections and visits was used to update the HDOH database of facilities subject to RCRA hazardous waste management regulations. Twenty five of its 30 enforcement actions are complete, resulting in $792,058 in penalties collected. HDOH has also negotiated, as part of two settlements, supplemental environmental projects worth about $1.2 million. The EPA believes that this record demonstrates both a capacity and a commitment to enforce hazardous waste regulations.

Enforcement is only one aspect of a comprehensive hazardous waste management program. Other important components are permitting, which includes permitting currently operating treatment, storage and disposal facilities; corrective action, i.e., monitoring the cleanup of sites where past practices or accidents have resulted in hazardous waste spilling on the ground; and waste minimization, involving development of projects to promote future safe practices and waste reduction efforts. EPA believes that the Hawaii hazardous waste management program is thorough and sound in its permitting, corrective action and waste reduction activities.

Under the second part of the program, permitting, there is only one non-emergency permitted hazardous waste facility operating in Hawaii. The U.S. Navy at Pearl Harbor operates a hazardous waste storage facility to store hazardous wastes generated by the Navy until the wastes can be shipped to the mainland for proper treatment and disposal. The Pearl Harbor facility renewed a five-year permit in July 2000. The HDOH permit writer took the lead for reviewing the Navy's application and for developing the subsequent permit, issued pursuant to both Hawaii and Federal laws and regulations. There are currently three emergency permits that have been issued in Hawaii. Emergency permits are temporary permits, with a duration of no more than 90 days, issued to address an imminent and substantial endangerment to human health or the environment.

The only other site which may lawfully store hazardous waste on Hawaii is under the administration of the EPA rather than HDOH. That site is another U.S. Navy site at Pearl Harbor, which is storing hazardous waste mixed with radioactive waste until it can be shipped to planned treatment and disposal facilities on the mainland. Pearl Harbor is currently storing this waste under a compliance order entered into with EPA. When all of the currently stored waste is transferred, the site will not store hazardous waste beyond the amount of time allowed any generator in Hawaii to accumulate hazardous waste for safe transportation. In accordance with EPA's independent inspection and enforcement authorities after program authorization, EPA will continue to administer this order unless there is an agreement at some future time for HDOH to assume these duties.

The HDOH is monitoring the cleanup of four sites in Hawaii. Those sites comprise Hawaii's corrective action universe. All four of these sites have achieved sufficient cleanup and control to safeguard human health and groundwater.

In the area of waste minimization, the HDOH is implementing several projects to provide information to businesses and the public that will assist them in improving Hawaii's environment by preventing wastes from ever being generated or reducing the amount of waste a business needs to generate in its industrial processes.

In all four of these program areas: compliance and enforcement, permitting, corrective action, and waste minimization, Hawaii's record of performance shows it can adequately implement and enforce the laws and regulations of the hazardous waste management program.

With respect to the comments related to Hawaii's implementation and enforcement of the Clean Water Act, these are the same comments which were raised in the Petition. In response to the Petition, EPA decided to change its schedule of state program audits to perform an audit of Hawaii's NPDES program earlier than originally scheduled. Pursuant to the audit, EPA reviewed Hawaii's statutory authorities as well as enforcement mechanisms, and the audit raised some concerns, particularly related to enforcement. EPA is working with the State to address those concerns. We are also reviewing the issues raised in the Petition, and will respond directly to the Petitioner on those issues.

2. *Comment:* Several comments generally expressed concern that the State of Hawaii has sometimes violated its own regulations and cannot take enforcement action against itself.

Response: The HDOH does have the legal authority to bring an enforcement action against another state agency and, in fact, HDOH has taken enforcement action against another state agency. The EPA is satisfied that appropriate enforcement actions can and will be taken by HDOH against other non-complying State of Hawaii agencies when necessary. Over the last five years HDOH has targeted both local, state and federal governmental facilities, as well as private businesses, for hazardous waste compliance inspections. These inspections have resulted in 30 hazardous waste enforcement cases against public and private entities. Most recently, HDOH's largest hazardous waste enforcement case was against the University of Hawaii, a state-funded agency, that resulted in a $1.7 million settlement. The settlement includes a cash penalty of $505,000 and an agreement that the University will undertake several system-wide pollution prevention and waste minimization projects at a total value of $1.2 million, and an extensive compliance audit of its facilities. The University of Hawaii action was a joint enforcement effort between HDOH and EPA.

3. *Comment:* A commenter expressed concern that HDOH has not developed appropriately protective regulations, commenting for example that the State does not have good water quality standards. Similar concerns were mentioned in the Petition to Withdraw.

Please note, today's action is not a final determination on the merits of the Petition to Withdraw.

Response: As adopted in 1994, and amended in 1998, the Hawaii hazardous waste management rules are at least as stringent as the federal rules and in some cases are even more protective, as was outlined in the **Federal Register** document discussing EPA's tentative determination to authorize the Hawaii hazardous waste management program, 65 FR 38802 (June 22, 2000). Hawaii has adopted all applicable federal RCRA hazardous waste management rules through May 25, 1998, and will continue to adopt new federal rules which are more protective of the environment. In addition, federal rules promulgated under the Hazardous and Solid Waste Amendments of 1984 (HSWA) are immediately enforceable by the U. S. EPA until Hawaii adopts and receives authorization for them.

HDOH is currently reviewing the water quality standards for Hawaii, as required by the Clean Water Act. The EPA is working closely with the State during this triennial review process to ensure a successful outcome. The HDOH is expected to complete its review by the end of 2002. However, the adequacy of water quality standards is not an element of the criteria for determining a state hazardous waste management program's eligibility for RCRA authorization.

4. *Comment:* One commenter said EPA has failed to adequately monitor the State of Hawaii programs and that program funds designated for a specific program have been given to other programs.

Response: The commenter did not give a specific example of a program or a federally-funded grant that was not adequately monitored or of misuse or misapplication of funds. Given that this Notice is addressing authorization of the hazardous waste management program, EPA will address the hazardous waste management program for which Hawaii is seeking authorization. Since 1988, EPA has annually evaluated HDOH's development and implementation of the hazardous waste management program. The hazardous waste management program has been supported by annual federal grants with appropriate matching state funds since 1988. As a part of these grants, EPA and HDOH negotiated annual work plans with EPA monitoring HDOH performance throughout the year. After the end of each annual grant EPA conducted a complete evaluation of the HDOH hazardous waste management program expenditures under the grant. EPA determined that HDOH accomplished all of the work described in the annual grants, or, on the occasions when HDOH experienced a vacant position or for some other reason missed a work commitment, HDOH has returned an appropriate amount of hazardous waste federal funds to EPA. EPA is satisfied that HDOH implements an effective hazardous waste management program and that HDOH has completed the work supported by the federal hazardous waste grants. EPA will continue to conduct program evaluations and monitor HDOH performance and grant expenditures.

5. *Comment:* A commenter said that the two-year enforcement trend that EPA discussed at a public meeting on July 25, 2000 was insufficient to predict continuing success.

Response: Although EPA focused on the three most recent years of HDOH inspection and enforcement history at the public meeting, HDOH has been conducting inspections since 1994, when the State rules were first promulgated. In making its authorization determination, EPA has reviewed the full HDOH inspection history. Since 1994, HDOH has conducted more than 170 inspections of large generators and has annually monitored compliance at the only non-emergency permitted hazardous waste storage facility. These inspections have resulted in 30 enforcement actions since 1994, including a complex joint enforcement action with EPA against the University of Hawaii.

6. *Comment:* A commenter said that Hawaii's hazardous waste management program is not adequately funded and is staffed by temporary employees. Similar concerns were raised in the Petition to Withdraw. Please note, today's action is not a final determination on the merits of the Petition to Withdraw.

Response: Before making an authorization determination, EPA evaluates the State's program in light of the following characteristics: past performance, resources and skill mix, training program, and State commitment; and EPA's expectation of the program's continuing success. EPA has evaluated all aspects of Hawaii's hazardous waste management program and has determined that Hawaii's program is adequate and the level of the State's resources is sufficient.

Hawaii has issued quality permits and the quality of the State's corrective action activities is high. All four of Hawaii's corrective action sites have corrective actions in place that are protective of human health and groundwater. The State's inspections and subsequent reports have adequately documented violations resulting in the successful assessment and collection of penalties. Hawaii has issued enforcement orders, settled cases and collected penalties in a timely manner; all of their enforcement cases initiated prior to the year 2000 are resolved. In addition, Hawaii has devoted sufficient State resources necessary to match the Federal hazardous waste management program grants. The State prepares and implements an annual training plan that ensures that all staff are adequately trained. Hawaii also has and effectively uses a data management system that provides timely and accurate information to the State and EPA. EPA believes that the State has demonstrated that it has the necessary resources, experience and organizational structure to successfully implement the provisions for which it is seeking authorization.

EPA believes that all of these actions and efforts are adequate to support HDOH's program, which has a universe of one storage facility, eight closing or closed facilities, four other sites undergoing cleanup, 55 large generators and 450 smaller generators of hazardous waste. All of the staff of the hazardous waste management program, the equivalent of 12 full time employees (FTE), occupy permanent positions.

7. *Comment:* A comment requested that HDOH develop, and get public involvement in, a policy to design and monitor supplemental environmental projects (SEP). The commenter said that they believed there was a SEP negotiated several years ago that awarded money to a non-profit agency without allowing other non-profit agencies to bid for the work. The commenter could not specify the office that developed the SEP or the violator involved.

Response: Hawaii is not required by RCRA statute or regulation to develop a supplemental environmental projects policy. Therefore EPA cannot condition RCRA authorization on whether HDOH has a SEP policy or the process to develop a SEP policy. Nevertheless, HDOH has chosen to adopt the EPA SEP policy, which obtains penalties for violations, but allows a portion of the penalty to be replaced by environmental work that is directly related to the violation. The February 2001 settlement of the enforcement action against the University of Hawaii contains the first SEP developed by the HDOH hazardous waste management program. EPA is satisfied with HDOH's application of its penalty and SEP policies in the University of Hawaii case. EPA believes that the HDOH policy concerning hazardous waste penalties is consistent with the federal policy and provides

adequate enforcement of compliance with the hazardous waste rules for purposes of authorization.

8. *Comment:* A comment proposed that, instead of giving the HDOH hazardous waste management program authorization, EPA give HDOH funding and training.

Response: As is the case with other States, EPA will continue to support HDOH's hazardous waste management program with available funding, training opportunities and coordinated activities after program authorization. EPA has supported the program since 1988 with federal grant funds. The EPA has provided training to HDOH in several areas, including inspections and enforcement, health and safety, penalty and economic benefit calculations, information management and waste minimization. The EPA also conducts program evaluations and provides feedback to the HDOH. The EPA will continue to do all of these things even after the program is approved.

9. *Comment:* A comment asked that the HDOH hazardous waste management program not be authorized until HDOH has developed criminal penalties.

Response: RCRA requires that authorized States have the authority to assess criminal penalties of at least $10,000 per day for each violation and imprisonment for at least six months. The criminal remedies must address the transport, permitting and used oil violations described at 40 CFR 271.16(a)(3)(ii). Under Hawaii Revised Statutes (HRS) Chapter 342J–9(c), Hawaii may assess criminal penalties up to $25,000 for each day of each violation or imprisonment for up to one year, or both; each of these provisions is more stringent than required for authorization. Additionally, the types of violations identified at HRS 342J–9(c) are consistent with the violations listed at 40 CFR 271.16(a)(3)(ii). Furthermore, HRS Chapters, 342J–7(a), 342J–8, and 342J–11 give Hawaii the authority to obtain injunctions against any person for any unauthorized activity which is endangering or causing damage to public health or the environment. Thus, Hawaii is authorized to assess criminal penalties, and such authority is consistent with the federal RCRA authorization requirements and therefore adequate for program authorization.

10. *Comment:* The Petition to Withdraw raised issues with Hawaii's investigative and enforcement efforts in connection with a March 2001 mercury release. Please note, today's action is not a final determination on the merits of the Petition to Withdraw.

Response: EPA is working with Hawaii on the cleanup and enforcement activities surrounding the mercury release. The HDOH office responsible for hazardous waste cleanup and enforcement in Hawaii is the Hazard Evaluation and Emergency Response (HEER) Office. The HEER Office does not administer the hazardous waste management program that is the subject of this authorization decision. The HEER Office had the lead in managing the cleanup activities. However, the EPA Emergency Response Team, the United States Navy and Air Force, and other local agencies participated in the cleanup. Cleanup of the mercury release and disposal of the waste was completed on or around July 30, 2001. Currently, the HEER Office is investigating the circumstances of the release to identify the responsible parties and recover response costs. The status of a state's hazardous waste cleanup activities however is not part of the criteria for determining a state hazardous waste management program's eligibility for RCRA authorization.

D. What Decisions Have We Made in This Rule?

EPA has made the final determination that Hawaii's application meets all of the statutory and regulatory requirements established by RCRA as of May 25, 1998. Therefore, we are granting Hawaii final authorization to operate its hazardous waste management program described in the authorization application, subject to the authority retained by EPA under RCRA. Hawaii will have responsibility for permitting Treatment, Storage, and Disposal Facilities (TSDFs) within its borders and for carrying out the aspects of the RCRA program described in its program application, subject to the limitations of RCRA, including HSWA. New Federal requirements and prohibitions imposed by Federal regulations that EPA promulgates under the authority of HSWA take effect in authorized states before such states are authorized for the requirements. Thus, EPA will implement those requirements and prohibitions in Hawaii, including issuing permits, until the State is granted authorization to do so.

E. What Is the Effect of Today's Action?

The effect of today's action is that persons in Hawaii that are subject to RCRA must comply with the authorized State requirements in lieu of the corresponding Federal requirements in order to comply with RCRA. Additionally, such persons must comply with any applicable Federally-issued requirements, such as, for example, HSWA regulations issued by EPA for which the State has not yet received authorization, and RCRA requirements that are not supplanted by authorized state-issued requirements. Hawaii continues to have enforcement responsibilities under its State law to pursue violations of its hazardous waste management program. EPA continues to have independent authority under RCRA sections 3007, 3008, 3013, and 7003, which include, among others, the authority to:

- Do inspections, and require monitoring, tests, analyses or reports;
- Enforce RCRA requirements (including State-issued statutes and regulations that are authorized by EPA and any applicable Federally-issued statutes and regulations) and suspend or revoke permits; and
- Take enforcement actions regardless of whether the State has taken its own action.

This action does not impose additional requirements on the regulated community because the regulations for which Hawaii is authorized are already effective under State law and are not changed by the act of authorization.

EPA cannot delegate the Federal requirements for international export and transfrontier shipments of hazardous wastes at 40 CFR part 262, subparts E and H. Although Hawaii has adopted these requirements verbatim from the Federal regulations in Title 11 of the Hawaii Administrative Rules, sections 11–260, 11–261, and 11–262, EPA will continue to implement those requirements. Hawaii is not authorized for the requirements for international export and transfrontier shipments of hazardous wastes at 40 CFR part 262, subparts E and H.

F. What Rules Are We Authorizing With Today's Action?

On May 5, 1999, Hawaii submitted a final complete program application, seeking authorization in accordance with 40 CFR 271.3. In developing its hazardous waste management program, Hawaii adopted almost verbatim the federal hazardous waste regulations found in 40 CFR parts 260–266, 268, 270, 273 and 279, effective through May 25, 1998. We are granting Hawaii final authorization for the hazardous waste management program submitted. State hazardous waste management requirements that are either equivalent to or more stringent than the corresponding federal requirements will become part of the authorized State program and are federally enforceable. Upon authorization, the State's hazardous waste management rules that

are either equivalent to or more stringent than the corresponding federal rules will apply in lieu of the federal rules. State hazardous waste requirements that are broader in scope than the federal program will not be part of the authorized program and are not federally enforceable. The applicable authorized rules are identified in the chart below. In the discussion below, we also identify the state hazardous waste requirements that are more stringent or broader in scope.

Federal hazardous waste requirements	Analogous state authority
40 CFR parts 260–266, 268, 270, 273, and 279, through May 25, 1998.	Hawaii Administrative Rules (HAR) 11–260 to 11–266, 11–268, and 11–270, adopted June 18, 1994, revised March 13, 1999; and HAR 11–273 and 11–279 adopted March 13, 1999.

Federal Provisions That Are Not Included in This Authorization

Hawaii did not adopt certain rulemaking petition procedures from 40 CFR part 260, subpart C, i.e., 40 CFR 260.20, 260.21, 260.22, 260.30, 260.31, 260.32 and 260.33, which address what to include in

• Petitions requesting modifications under 40 CFR parts 260 through 266, 268 and 273, and

• Petitions concerning equivalent testing methods, waste exclusion, recycled materials and devices classified as boilers.

Adoption of these rulemaking petition procedures is not required for RCRA authorization. EPA will continue to implement those requirements. Although Hawaii did not adopt these procedures, Hawaii did adopt some similar procedures which are discussed below with other more stringent requirements.

Where EPA grants a petitioner an exclusion from federally-issued standards under these procedures, it is advisable that the petitioner contact the State regulatory authority to determine the current status of its waste under State law. It is important for petitioners to contact Hawaii because States are free to impose requirements that are more stringent or broader in scope than Federal programs (RCRA section 3009 and 40 CFR 271.1(i)).

More Stringent Authorized State Hazardous Waste Requirements

Authorized State hazardous waste requirements are either equivalent to or more stringent than the corresponding federal requirements. The Hawaii hazardous waste requirements authorized with today's action include state requirements that are more stringent than the corresponding federal requirements.

Hawaii's program is more stringent in the manner in which it addresses federally approved variances and exclusions. Hawaii's hazardous waste management program includes procedures by which a petitioner may seek an exclusion or variance under State law where EPA has previously approved an exclusion or variance under RCRA. Where EPA has excluded a waste from regulation under 40 CFR 260.22, the exclusion will only be effective under Hawaii law if Hawaii adopts the exclusion by rule, pursuant to HAR 11–260–42. Similarly, under HAR 11–268–51, any extension, variance or alternative treatment approval granted by EPA under 40 CFR 268.5, 268.6 and 268.44 will not be effective in the state unless Hawaii adopts it by rule. Finally, under HAR 11–264–1082(c)(4)(ii) the State must separately approve any alternative treatment method approved by EPA under 40 CFR 268.42(b). Given the additional procedures required by Hawaii, these State requirements are considered more stringent than the federal program.

Hawaii has also adopted some more stringent requirements concerning permits. Hawaii established a shorter permit term (five years instead of ten years) than the federal program, and is therefore more stringent than the federal program. Additionally, Hawaii reviews hazardous waste land disposal permits three years rather than five years after issuance, which is also more stringent than the federal program. However, there are currently no such facilities in Hawaii. Furthermore, Hawaii's provision under HAR 11–271–15(e) establishing a maximum time period of 180 days for the State's action on a permit application, will be terminated as soon as Hawaii obtains federal authorization for its hazardous waste management program pursuant to HAR 11–271–15(f).

Broader in Scope State Hazardous Waste Requirements

States are free to impose hazardous waste requirements that are broader in scope than the Federal hazardous waste management program. Broader in scope requirements will not be part of the authorized program.

Hawaii did not adopt 40 CFR 261.4(b)(5) and therefore does not exclude drilling fluids, produced waters, and other wastes associated with the exploration, development, or production of crude oil, natural gas or geothermal energy from regulation as hazardous waste. With respect to the management of those wastes, the Hawaii program is therefore broader in scope than the federal program. EPA cannot enforce requirements that are broader in scope than the federal program. Broader in scope requirements will not be part of the authorized program. Although you must comply with these requirements in accordance with state law, they will not be RCRA requirements under the authorized program and are not federally enforceable.

Hawaii's used oil requirements also reflect some departure from the federal program. Hawaii requires persons who transport, market or recycle used oil or used oil fuel to obtain a permit from HDOH, which requirement is broader in scope than the federal program. Hawaii also requires an annual report of transporters, processors, re-refiners and marketers, in addition to the RCRA required biennial reports, in order to allow the State to track legitimate handlers of used oil and thus better locate illegal handlers. This requirement is broader in scope than the federal program.

Hawaii adds a requirement that any person who imports hazardous waste from a foreign country or from a state into Hawaii must submit additional information in writing to the State within 30 days after the waste arrives. This requirement is broader in scope than the federal program.

Summary of More Stringent and Broader in Scope Requirements

In summary, EPA considers the following State requirements to be more stringent than the Federal requirements:

• HAR 11–268–51, because the State must separately approve any exclusion, variance or alternative treatment method approved by EPA under 40 CFR 268.5, 268.6, 268.42(b) and 268.44; and

• HAR 11–270–50(a) and (d), because the State limits hazardous waste permits to five years (the federal limit is 10 years), and landfill permits to three years (the federal limit is five years). These requirements are part of Hawaii's authorized program and are federally enforceable.

EPA considers that the following State requirements go beyond the scope of the federal program. EPA cannot enforce requirements that are broader in scope than the federal program. Broader in scope requirements will not be part of the authorized program. Although persons must comply with these requirements in accordance with state

law, they will not be RCRA requirements under the authorized program and are not federally enforceable.

- HAR 11–261–4(b)(5), because the State treats drilling fluids, produced waters, and other wastes associated with the exploration, development, or production of crude oil, natural gas or geothermal energy as hazardous waste, and the Federal requirements exempt them from regulation;
- HAR 11–262–60 and HAR 11–262–61, because, unlike the Federal program, the State requires that any person who imports hazardous waste from a foreign country or from any state into Hawaii must submit specified information in writing within 30 days after the waste arrives in the State;
- HAR 11–279–90 to HAR 11–279–95, because the State requires that persons who transport, market or recycle used oil or used oil fuel obtain a State permit and the Federal program has no such permitting requirement; and
- HAR 11–279–48, 57 and HAR 11–279–76, because the State requires annual reports of used oil transporters, processors, re-refiners, and marketers, in addition to the biennial reports required by RCRA.

G. How Will the State Enforce Compliance With the Rules?

Section 3006(b) of RCRA requires that the State provide adequate enforcement of compliance with the hazardous waste management requirements in order to receive authorization. We have determined that Hawaii can adequately enforce compliance with its hazardous waste management regulations. Hawaii's enforcement authorities include the power to issue, modify, suspend or revoke permits; collect information and enter and inspect the premises of persons who handle hazardous wastes; assess administrative penalties or initiate action in court for penalties or injunctive relief; issue abatement and corrective action orders; and pursue criminal violations. Hawaii's enforcement provisions are located at Hawaii Revised Statute (HRS) Chapter 342J (1993 and Supp. 1998).

H. Who Handles Permits After This Authorization Takes Effect?

Hawaii will issue permits for all the provisions for which it is authorized and will administer the permits it issues. EPA will transfer the administration of any RCRA hazardous waste permits or portions of permits which we issued prior to the effective date of this authorization to Hawaii. In the Notice of Tentative Determination, EPA said that it would continue to administer any RCRA hazardous waste permits or portions of permits issued by EPA prior to the effective date of this authorization. However, under the Memorandum of Agreement with Hawaii, EPA and HDOH have agreed that HDOH will administer the permits or portions of permits issued by EPA prior to authorization. EPA will not issue any new permits or new portions of permits for the authorized provisions after the effective date of this authorization. EPA will continue to implement and issue permits for HSWA requirements for which Hawaii is not yet authorized.

I. How Does Today's Action Affect Indian Country (18 U.S.C. 115) in Hawaii?

There are no Federally-recognized Indian lands in Hawaii.

J. What Is Codification and Is EPA Codifying Hawaii's Hazardous Waste Management Program as Authorized in This Rule?

Codification is the process of placing the State's statutes and regulations that comprise the State's authorized hazardous waste management program into the Code of Federal Regulations. EPA does this by referencing the authorized State rules in 40 CFR part 272. We are reserving the amendment of 40 CFR part 272, subpart M, for codification of Hawaii's program at a later date.

K. Administrative Requirements

The Office of Management and Budget has exempted RCRA authorizations from the requirements of Executive Order 12866 (58 FR 51735, October 4, 1993) and, therefore, a decision to authorize Hawaii for these revisions is not subject to review by OMB. Furthermore, this rule is not subject to Executive Order 13211, ''Actions Concerning Regulations That Significantly Affect Energy Supply, Distribution, or Use'' (66 FR 28355 (May 22, 2001)) because it is not a significant regulatory action under Executive Order 12866. This authorization will effectively suspend the applicability of certain Federal regulations in favor of Hawaii's program, thereby eliminating duplicative requirements for handlers of hazardous waste in the State. Authorization will not impose any new burdens on small entities. Accordingly, I certify that authorization for these revisions will not have a significant economic impact on a substantial number of small entities under the Regulatory Flexibility Act (5 U.S.C. 601 et seq.). Because this action authorizes pre-existing requirements under State law and does not impose any additional enforceable duty beyond that required by State law, it does not contain any unfunded mandate or significantly or uniquely affect small governments, as described in the Unfunded Mandates Reform Act of 1995 (Public Law 104–4). For the same reason, this action does not have tribal implications within the meaning of Executive Order 13175 (65 FR 67249, November 6, 2000). It does not have substantial direct effects on tribal governments, on the relationship between the Federal government and the Indian tribes, or on the distribution of power and responsibility between the Federal government and Indian tribes, as specified in Executive Order 13175. This action does not have substantial direct effects on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government, as specified in Executive Order 13132 (64 FR 43255, August 10, 1999), because it merely authorizes State requirements as part of the State RCRA hazardous waste management program without altering the relationship or the distribution of power and responsibilities established by RCRA. This action also is not subject to Executive Order 13045 (62 FR 19885, April 23, 1997), because it is not economically significant and it does not make decisions based on environmental health or safety risks. This action does not include environmental justice related issues that require consideration under Executive Order 12898 (59 FR 7629, February 16, 1994).

Under RCRA 3006(b), EPA grants a state's application for authorization as long as the state meets the criteria required by RCRA. It would thus be inconsistent with applicable law for EPA, when it reviews a state authorization application, to require the use of any particular voluntary consensus standard in place of another standard that otherwise satisfies the requirements of RCRA. Thus, the requirements of section 12(d) of the National Technology Transfer and Advancement Act of 1995 (15 U.S.C. 272 note) do not apply. As required by section 3 of Executive Order 12988 (61 FR 4729, February 7, 1996), in issuing this rule, EPA has taken the necessary steps to eliminate drafting errors and ambiguity, minimize potential litigation, and provide a clear legal standard for affected conduct. EPA has complied with Executive Order 12630 (53 FR 8859, March 15, 1988) by examining the takings implications of this action in

accordance with the Attorney General's Supplemental Guidelines for the Evaluation of Risk and Avoidance of Unanticipated Takings issued under the Executive Order. This action will not impose an information collection burden under the provisions of the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*).

The Congressional Review Act, 5 U.S.C. 801 *et seq.*, as added by the Small Business Regulatory Enforcement Fairness Act of 1996, generally provides that before a rule may take effect, the agency promulgating the rule must submit a rule report, which includes a copy of the rule, to each House of the Congress and to the Comptroller General of the United States. EPA will submit a report containing this document and other required information to the U.S. Senate, the U.S. House of Representatives, and the Comptroller General of the United States prior to publication in the **Federal Register**. A major rule cannot take effect until 60 days after it is published in the **Federal Register**. This action is not a ''major rule'' as defined by 5 U.S.C. 804(2). This action will be effective November 13, 2001.

List of Subjects in 40 CFR Part 271

Environmental protection, Administrative practice and procedure, Confidential business information, Hazardous materials transportation, Hazardous waste, Indians-lands, Intergovernmental relations, Penalties, Reporting and recordkeeping requirements.

Authority: This action is issued under the authority of sections 2002(a), 3006 and 7004(b) of the Solid Waste Disposal Act, as amended, 42 U.S.C. 6912(a), 6926, 6974(b).

Dated: October 26, 2001.

Laura Yoshii,

Acting Regional Administrator, Region 9.

[FR Doc. 01–27465 Filed 10–31–01; 8:45 am]

BILLING CODE 6560–50–P

DEPARTMENT OF DEFENSE

48 CFR Parts 204, 207, 252, 253, and Appendix G to Chapter 2

Defense Federal Acquisition Regulation Supplement; Technical Amendments

AGENCY: Department of Defense (DoD).

ACTION: Final rule.

SUMMARY: DoD is making technical amendments to the Defense Federal Acquisition Regulation Supplement to update activity names and addresses, reference numbers, and terminology.

EFFECTIVE DATE: November 1, 2001.

FOR FURTHER INFORMATION CONTACT: Ms. Michele Peterson, Defense Acquisition Regulations Council, OUSD(AT&L)DP(DAR), IMD 3C132, 3062 Defense Pentagon, Washington, DC 20301–3062. Telephone (703) 602–0311; facsimile (703) 602–0350.

List of Subjects in 48 CFR Parts 204, 207, 252, and 253

Government procurement.

Michele P. Peterson,

Executive Editor, Defense Acquisition Regulations Council.

Therefore, 48 CFR Parts 204, 207, 252, 253, and Appendix G to Chapter 2 are amended as follows:

1. The authority citation for 48 CFR parts 204, 207, 252, 253, and Appendix G to subchapter I continues to read as follows:

Authority: 41 U.S.C. 421 and 48 CFR Chapter 1.

PART 204—ADMINISTRATIVE MATTERS

204.7303 [Amended]

2. Section 204.7303 is amended in paragraph (a)(2), in the last sentence, by removing *http://www.ccr2000.com* and adding in its place *http://www.ccr.gov.*

PART 207—ACQUISITION PLANNING

207.471 [Amended]

3. Section 207.471 is amended in paragraph (b), in the last sentence, by removing ''070308'' and adding in its place ''070207''.

PART 252—SOLICITATION PROVISIONS AND CONTRACT CLAUSES

252.204–7004 [Amended]

4. Section 252.204–7004 is amended as follows:

a. By revising the clause date to read ''(NOV 2001)''; and

b. In paragraph (d) by removing http://www.ccr2000.com and adding in its place http://www.ccr.gov.

252.204–7005 [Amended]

5. Section 252.204–7005 is amended as follows:

a. By revising the clause date to read ''(NOV 2001)''; and

b. In paragraph (a), in the first sentence, by removing ''Special'' the second time it appears and adding in its place ''Sensitive''.

PART 253—FORMS

253.204–70 [Amended]

6. Section 253.204–70 is amended in paragraph (e)(4), in the third sentence, by removing ''http'' and adding in its place ''https''.

Appendix G—Activity Address Numbers

7. Appendix G to Chapter 2 is amended in Part 3 as follows:

a. In the entry ''N00189'' by adding, after ''H3'', '', J3''; and

b. By adding, in alpha-numerical order, five new entries to read as follows:

Part 3—Navy Activity Address Numbers

* * * * *

N49400, 3G Officer-in-Charge, Naval Regional Contracting Center, Detachment Bahrain, PSC 451, Box NRCC, FPO AE 09834–2800

N49420, 3R Officer-in-Charge, Naval Regional Contracting Center, Detachment Dubai, PSC 451, Box 531, FPO AE 09834–2800

* * * * *

N63273, 4S Commanding Officer, Combat Direction Systems Activity, Dahlgren Division, Naval Surface Warfare Center, 1922 Regulus Avenue, Virginia Beach, VA 23461–2097

* * * * *

N68558, 3H Officer-in-Charge, Naval Regional Contracting Center, Detachment London, PSC 821, Box 45, FPO AE 09421–1300

* * * * *

N69250, NSF Director, SPAWAR Information Technology Center,2251 Lakeshore Drive, New Orleans, LA 70145–0001

* * * * *

[FR Doc. 01–27369 Filed 10–31–01; 8:45 am]

BILLING CODE 5000–04–U

DEPARTMENT OF DEFENSE

48 CFR Parts 212 and 252

[DFARS Case 95–D712]

Defense Federal Acquisition Regulation Supplement; Acquisition of Commercial Items

AGENCY: Department of Defense (DoD).

ACTION: Final rule.

SUMMARY: DoD has issued a final rule amending Defense Federal Acquisition Regulation Supplement (DFARS) policy pertaining to the acquisition of commercial items. The rule updates the

lists of clauses included in contracts for commercial items to implement statutory requirements.

EFFECTIVE DATE: November 1, 2001.

FOR FURTHER INFORMATION CONTACT: Ms. Angelena Moy,Defense Acquisition Regulations Council, OUSD(AT&L)DP(DAR),IMD 3C132, 3062 Defense Pentagon, Washington, DC 20301–3062. Telephone (703) 602–1302; facsimile (703) 602–0350.

SUPPLEMENTARY INFORMATION:

A. Background

This rule finalizes the interim rule published as Item XXXV of Defense Acquisition Circular 91–9 on November 30, 1995 (60 FR 61586). The interim rule amended the DFARS to conform to FAR changes that implemented Title VIII of the Federal Acquisition Streamlining Act of 1994 (Public Law 103–355) pertaining to the acquisition of commercial items. The interim rule also added DoD-unique requirements pertaining to the acquisition of commercial items.

The final rule differs from the interim rule in that it adds the following to the lists of provisions and clauses that must be included in solicitations and contracts to implement statutory requirements:

- FAR 52.203–3, Gratuities (10 U.S.C. 2207).
- DFARS 252.209–7001, Disclosure of Ownership or Control by the Government of a Terrorist Country (10 U.S.C. 2327).
- DFARS 252.219–7004, Small, Small Disadvantaged and Women-Owned Small Business Subcontracting Plan (Test Program) (15 U.S.C. 637 note).

In addition, the final rule adds dates to the contract clauses listed in 252.212–7001, to clarify which version of each clause applies to a contract.

Ten sources submitted comments on the interim rule. DoD considered all comments in the development of the final rule.

This rule was not subject to Office of Management and Budget review under Executive Order 12866, dated September 30, 1993.

B. Regulatory Flexibility Act

DoD has prepared a final regulatory flexibility analysis. Interested parties may obtain a copy of the analysis from the point of contact specified herein. The analysis is summarized as follows:

This rule finalizes an interim DFARS rule published on November 30, 1995. The rule implements provisions of the Federal Acquisition Streamlining Act of 1994 and supplements FAR policy pertaining to the acquisition of commercial items. The objective of the FAR and DFARS policy is to streamline procedures for the acquisition of commercial items. DoD received no comments in response to the initial regulatory flexibility analysis. The rule applies to all small entities that are interested in selling commercial items to DoD. Based on data collected by DoD's Washington Headquarters Services, in Fiscal Year 2000, DoD awarded approximately 11,437 contracts totaling $2.2 billion to small business concerns using the streamlined procedures in the interim rule. There are no significant alternatives to the rule that would accomplish the stated objectives.

C. Paperwork Reduction Act

The Paperwork Reduction Act does not apply because the rule does not impose any information collection requirements that require the approval of the Office of Management and Budget under 44 U.S.C. 3501, et seq.

List of Subjects in 48 CFR Parts 212 and 252

Government procurement.

Michele P. Peterson,

Executive Editor, Defense Acquisition Regulations Council.

Therefore, 48 CFR parts 212 and 252 are amended as follows:

1. The authority citation for 48 CFR Parts 212 and 252 continues to read as follows:

Authority: 41 U.S.C. 421 and 48 CFR Chapter 1.

PART 212—ACQUISITION OF COMMERCIAL ITEMS

2. Section 212.301 is amended as follows:

a. In paragraph (f)(iii), by removing ''paragraph (a)'' and adding in its place ''paragraphs (a) and (b)'';

b. By redesignating paragraphs (f)(v) and (f)(vi) as paragraphs (f)(vi) and (f)(vii), respectively; and

c. By adding a new paragraph (f)(v) to read as follows:

212.301 Solicitation provisions and contract clauses for the acquisition of commercial items.

* * * * *

(f) * * *

(v) Use the provision at 252.209–7001, Disclosure of Ownership or Control by the Government of a Terrorist Country, as prescribed in 209.104–70(a).

* * * * *

PART 252—SOLICITATION PROVISIONS AND CONTRACT CLAUSES

3. Section 252.212–7001 is revised to read as follows:

252.212–7001 Contract terms and conditions required to implement statutes or Executive orders applicable to Defense acquisitions of commercial items.

As prescribed in 212.301(f)(iii), use the following clause:

Contract Terms and Conditions Required to Implement Statutes or Executive Orders Applicable to Defense Acquisitions of Commercial Items (NOV 2001)

(a) The Contractor agrees to comply with the following Federal Acquisition Regulation (FAR) clause which, if checked, is included in this contract by reference to implement a provision of law applicable to acquisitions of commercial items or components.

_____ 52.203–3 Gratuities (APR 1984) (10 U.S.C. 2207).

(b) The Contractor agrees to comply with any clause that is checked on the following list of Defense FAR Supplement clauses which, if checked, is included in this contract by reference to implement provisions of law or Executive orders applicable to acquisitions of commercial items or components.

_____ 252.205–7000 Provision of Information to Cooperative Agreement Holders (DEC 1991) (10 U.S.C. 2416).

_____ 252.206–7000 Domestic Source Restriction (DEC 1991) (10 U.S.C. 2304).

_____ 252.219–7003 Small, Small Disadvantaged and Women-Owned Small Business Subcontracting Plan (DoD Contracts) (APR 1996) (15 U.S.C. 637).

_____ 252.219–7004 Small, Small Disadvantaged and Women-Owned Small Business Subcontracting Plan (Test Program) (JUN 1997) (15 U.S.C. 637 note).

_____ 252.225–7001 Buy American Act and Balance of Payments Program (MAR 1998) (41 U.S.C. 10a–10d, E.O. 10582).

_____ 252.225–7007 Buy American Act—Trade Agreements—Balance of Payments Program (SEP 2001) (41 U.S.C. 10a–10d, 19 U.S.C. 2501–2518, and 19 U.S.C. 3301 note).

_____ 252.225–7012 Preference for Certain Domestic Commodities (AUG 2000) (10 U.S.C. 2241 note).

_____ 252.225–7014 Preference for Domestic Specialty Metals (MAR 1998) (10 U.S.C. 2241 note).

_____ 252.225–7015 Preference for Domestic Hand or Measuring Tools (DEC 1991) (10 U.S.C. 2241 note).

_____ 252.225–7016 Restriction on Acquisition of Ball and Roller Bearings (DEC 2000) (____ Alternate I) (DEC 2000) (Section 8064 of Public Law 106–259).

_____ 252.225–7021 Trade Agreements (SEP 2001) (19 U.S.C. 2501–2518 and 19 U.S.C. 3301 note).

_____ 252.225–7027 Restriction on Contingent Fees for Foreign Military Sales (MAR 1998) (22 U.S.C. 2779).

_____ 252.225–7028 Exclusionary Policies and Practices of Foreign Governments (DEC 1991) (22 U.S.C. 2755).

_____ 252.225–7029 Preference for United States or Canadian Air Circuit Breakers (AUG 1998) (10 U.S.C. 2534(a)(3)).
_____ 252.225–7036 Buy American Act—North American Free Trade Agreement Implementation Act—Balance of Payments Program (MAR 1998) (____ Alternate I) (SEP 1999) (41 U.S.C. 10a–10d and 19 U.S.C. 3301 note).
_____ 252.227–7015 Technical Data—Commercial Items (NOV 1995) (10 U.S.C. 2320).
_____ 252.227–7037 Validation of Restrictive Markings on Technical Data (SEP 1999) (10 U.S.C. 2321).
_____ 252.243–7002 Requests for Equitable Adjustment (MAR 1998) (10 U.S.C. 2410).
_____ 252.247–7023 Transportation of Supplies by Sea (MAR 2000) (____Alternate I) (MAR 2000) (____Alternate II) (MAR 2000) (10 U.S.C. 2631).
_____ 252.247–7024 Notification of Transportation of Supplies by Sea (MAR 2000) (10 U.S.C. 2631).

(c) In addition to the clauses listed in paragraph (e) of the Contract Terms and Conditions Required to Implement Statutes or Executive Orders—Commercial Items clause of this contract (FAR 52.212–5), the Contractor shall include the terms of the following clauses, if applicable, in subcontracts for commercial items or commercial components, awarded at any tier under this contract:
252.225–7014 Preference for Domestic Specialty Metals, Alternate I (MAR 1998) (10 U.S.C. 2241 note).
252.247–7023 Transportation of Supplies by Sea (MAR 2000) (10 U.S.C. 2631).
252.247–7024 Notification of Transportation of Supplies by Sea (MAR 2000) (10 U.S.C. 2631).
(End of clause)

[FR Doc. 01–27372 Filed 10–31–01; 8:45 am]
BILLING CODE 5000–04–U

DEPARTMENT OF DEFENSE

48 CFR Part 213

[DFARS Case 2000–D019]

Defense Federal Acquisition Regulation Supplement; Overseas Use of the Purchase Card in Contingency, Humanitarian, or Peacekeeping Operations

AGENCY: Department of Defense (DoD).

ACTION: Final rule.

SUMMARY: DoD has issued a final rule amending the Defense Federal Acquisition Regulation Supplement (DFARS) to permit contracting officers supporting an overseas contingency, humanitarian, or peacekeeping operation to use the Governmentwide commercial purchase card on a stand-alone basis for purchases valued at or below the simplified acquisition threshold. Use of the purchase card streamlines purchasing and payment procedures and, therefore, increases operational efficiency.

EFFECTIVE DATE: November 1, 2001.

FOR FURTHER INFORMATION CONTACT: Ms. Angelena Moy, Defense Acquisition Regulations Council, OUSD(AT&L)DP(DAR), IMD 3C132, 3062 Defense Pentagon, Washington, DC 20301–3062. Telephone (703) 602–1302; facsimile (703) 602–0350.

SUPPLEMENTARY INFORMATION:

A. Background

This final rule amends the policy at DFARS 213.301 to permit contracting officers supporting a contingency operation, as defined in 10 U.S.C. 101(a)(13), or a humanitarian or peacekeeping operation, as defined in 10 U.S.C. 2302(8), to use the Governmentwide commercial purchase card on a stand-alone basis for purchases valued at or below the simplified acquisition threshold. In accordance with FAR 2.101, the simplified acquisition threshold for contingency, humanitarian, or peacekeeping operations is $200,000.

Use of the purchase card at the $200,000 threshold is subject to the existing conditions at DFARS 213.301 and the following additional conditions: (1) The supplies or services must be immediately available; and (2) Only one delivery and one payment will be made. These additional conditions are similar to those placed on use of the Standard Form 44, Purchase Order-Invoice-Voucher, in accordance with FAR 13.306 and DFARS 213.306.

DoD published a proposed rule at 65 FR 56858 on September 20, 2000. DoD received no comments on the proposed rule. DoD has adopted the proposed rule as a final rule without change.

This rule was not subject to Office of Management and Budget review under Executive Order 12866, dated September 30, 1993.

B. Regulatory Flexibility Act

DoD certifies that this final rule will not have a significant economic impact on a substantial number of small entities within the meaning of the Regulatory Flexibility Act, 5 U.S.C. 601, et seq., because the rule applies only to purchases that are made outside the United States for use outside the United States in support of contingency, humanitarian, or peacekeeping operations.

C. Paperwork Reduction Act

The Paperwork Reduction Act does not apply because the rule does not impose any information collection requirements that require the approval of the Office of Management and Budget under 44 U.S.C. 3501, et seq.

List of Subjects in 48 CFR Part 213

Government procurement.

Michele P. Peterson,

Executive Editor, Defense Acquisition Regulations Council.

Therefore, 48 CFR Part 213 is amended as follows:

1. The authority citation for 48 CFR Part 213 continues to read as follows:

Authority: 41 U.S.C. 421 and 48 CFR Chapter 1.

PART 213—SIMPLIFIED ACQUISITION PROCEDURES

2. Section 213.301 is amended by adding paragraph (3) to read as follows:

213.301 Government–wide commercial purchase card.

* * * * *

(3) A contracting officer supporting a contingency operation as defined in 10 U.S.C. 101(a)(13) or a humanitarian or peacekeeping operation as defined in 10 U.S.C. 2302(8) also may use the Governmentwide commercial purchase card to make a purchase that exceeds the micro-purchase threshold but does not exceed the simplified acquisition threshold, if;

(i) The supplies or services being purchased are immediately available;

(ii) One delivery and one payment will be made; and

(iii) The requirements of paragraphs (2)(i) and (ii) of this section are met.

[FR Doc. 01–27371 Filed 10–31–01; 8:45 am]
BILLING CODE 5000–04–U

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

50 CFR Part 679

[Docket No. 001114320–1191–02; I.D. 080400B]

RIN 0648–AN01

Fisheries of the Exclusive Economic Zone Off Alaska; Recordkeeping and Reporting Requirements; Alaska Commercial Operator's Annual Report; Correction

AGENCY: National Marine Fisheries Service (NMFS), National Oceanic and Atmospheric Administration (NOAA), Commerce.

ACTION: Final rule; correcting amendments.

SUMMARY: This document contains corrections to the final rule for the Alaska Commercial Operator's Annual Report (COAR) that was published in the **Federal Register** on August 20, 2001.

DATES: Effective November 1, 2001.

FOR FURTHER INFORMATION CONTACT: Patsy A. Bearden, 907–586–7008.

SUPPLEMENTARY INFORMATION: A final rule was published in the **Federal Register** on 66 FR 43524 (August 20, 2001), to require groundfish motherships and catcher/processors to submit annually to the State of Alaska, Department of Fish & Game (ADF&G), a COAR.

Several errors were made in Tables 14A, 15, 16, and 18 to 50 CFR part 679. These tables are corrected and reprinted as follows:

List of Subjects in 50 CFR Part 679

Alaska, Fisheries, Recordkeeping and reporting requirements.

Accordingly, 50 CFR part 679 is amended by making the following corrections:

PART 679—FISHERIES OF THE EXCLUSIVE ECONOMIC ZONE OFF ALASKA

1. The authority citation for part 679 continues to read as follows:

Authority: 16 U.S.C. 773 *et seq.*, 1801 *et seq.*, and 3631 *et seq.*

Table 14A to Part 679 [Corrected]

1. Beginning on page 43527, Table 14A is corrected to read as follows:

TABLE 14A TO PART 679.—PORT OF LANDING CODES, ALASKA, INCLUDING CDQ AND IFQ PRIMARY PORTS

Port Name	NMFS Code	ADF&G Code	CDQ/IFQ Primary Ports for Vessel Clearance (X indicates an authorized IFQ port; see § 679.5 (l)(5)(vi))		
			CDQ/ IFQ	North Latitude	West Longitude
Adak	186	ADA			
Akutan	101	AKU	X	54°08′05″	165°46′20″
Akutan Bay	102				
Alitak	103	ALI			
Anchor Point	104				
Anchorage	105	ANC			
Angoon	106	ANG			
Aniak		ANI			
Anvik		ANV			
Atka	107	ATK			
Auke Bay	108				
Baranof Warm Springs	109				.....
Beaver Inlet	110				
Bethel		BET			
Captains Bay	112				
Chefornak	189				
Chignik	113	CHG			
Chinitna Bay	114				
Cordova	115	COR	X	60°33′00″	145°45′00″
Craig	116	CRG	X	55°28′30″	133°09′00″
Dillingham	117	DIL			
Douglas	118				
Dutch Harbor/Unalaska	119	DUT	X	53°53′27″	166°32′05″
Edna Bay	121				
Egegik	122	EGE			
Ekuk		EKU			
Elfin Cove	123	ELF			
Emmonak		EMM			.....
Excursion Inlet	124	XIP			
False Pass	125	FSP			
Fairbanks		FBK			
Galena		GAL			
Glacier Bay		GLB			
Glennallen		GLN			
Gustavus	127	GUS			
Haines	128	HNS			
Halibut Cove	130				
Hollis	131	.....			
Homer	132	HOM	X	59°38′40″	151°33′00″
Hoonah	133	HNH			
Hooper Bay	188				
Hydaburg		HYD			
Hyder	134	HDR			.....
Ikatan Bay	135	.....			
Juneau	136	JNU			
Kake	137	KAK			
Kaltag		KAL			.....
Kasilof	138	KAS			
Kenai	139	KEN			.....
Kenai River	140				

TABLE 14A TO PART 679.—PORT OF LANDING CODES, ALASKA, INCLUDING CDQ AND IFQ PRIMARY PORTS—Continued

Port Name	NMFS Code	ADF&G Code	CDQ/IFQ Primary Ports for Vessel Clearance (X indicates an authorized IFQ port; see § 679.5 (l)(5)(vi))		
			CDQ/ IFQ	North Latitude	West Longitude
Ketchikan	141	KTN	X	55°20′30″	131°38′45″
King Cove	142	KCO	X	55°03′20″	162°19′00″
King Salmon	143	KNG			
Kipnuk	144				
Klawock	145	KLA			
Kodiak	146	KOD			
Kotzebue		KOT			
La Conner		LAC			
Mekoryuk	147				
Metlakatla	148	MET			
Moser Bay		MOS			
Naknek	149	NAK			
Nenana		NEN			
Nikiski (or Nikishka)	150	NIK			
Ninilchik	151	NIN			
Nome	152	NOM			
Nunivak Island		NUN			
Old Harbor	153	OLD			
Other[1]	499	UNK			
Pelican	155	PEL	X	57°57′30″	136°13′30″
Petersburg	156	PBG	X	56°48′10″	132°58′00″
Point Baker	157				
Port Alexander	158	PAL			
Port Armstrong		PTA			
Port Bailey	159	PTB			
Port Graham	160	GRM			
Port Lions		LIO			
Port Moller		MOL			
Port Protection	161				
Portage Bay (Petersburg)	162				
Quinhagak	187				
Resurrection Bay	163				
Sand Point	164	SPT	X	55°20′15″	160°30′00″
Savoonga	165				
Seldovia	166	SEL			
Seward	167	SEW	X	60°06′30″	149°26′30″
Sitka	168	SIT	X	57°03′	135°20′
Skagway	169	SKG			
Soldotna		SOL			
St. George	170	STG			
St. Lawrence	171				
St. Mary		STM			
St. Paul	172	STP	X	57°07′20″	170°16′30″
Tee Harbor	173				
Tenakee Springs	174	TEN			
Thorne Bay	175				
Togiak	176	TOG			
Toksook Bay	177				
Tununak	178				
Ugadaga Bay	179				
Ugashik		UGA			
Unalakleet		UNA			
Valdez	181	VAL			
Wasilla		WAS			
West Anchor Cove	182				
Whittier	183	WHT			
Wrangell	184	WRN			
Yakutat	185	YAK	X	59°33′	139°44′

[1] To report a landing at a location not currently assigned a location code number: Use the code for ''Other'' for the state or country at which the landing occurs and notify NMFS of the actual location so that the list may be updated. For example, to report a landing for Levelock, Alaska if there is currently no code assigned, use ''499,'' ''Other,'' AK.''

2. On page 43530, Table 15 is corrected to read as follows:

TABLE 15 TO PART 679.—GEAR CODES, DESCRIPTIONS, AND USE (X INDICATES WHERE THIS CODE IS USED)

Name of Gear	NMFS Logbooks and Forms[1]	Electronic WPR & Check-in/out Code[1]	Gear Code, Numeric	Use Numeric Code to Complete the Following:		
				Shoreside Electronic Logbook (SPELR)	IFQ Terminal & Forms	ADF&G COAR
Diving		OTH	11	X		X
Dredge		OTH	22	X		X
Dredge, hydro/mechanical		OTH	23	X		X
Fish wheel		OTH	08	X		X
Gillnet, drift		OTH	03	X		X
Gillnet, herring	.....	OTH	34	X		X
Gillnet, set		OTH	04	X		X
Gillnet, sunken		OTH	41	X		X
Hand line/jig/troll (IFQ name: hand troll)		(1)	05	X	X	X
Handpicked		OTH	12	X		X
Hatchery		n/a	77	X		X
Hook-and-line	X	HAL	61	X	X	X
Jig, mechanical (IFQ name: jigs)	X	JIG	26	X	X	X
Net,dip		OTH	13	X		X
Net,ring		OTH	10	X		X
Other/specify	X	OTH	99	X		X
Pair Trawl			37			X
Pot	X	POT	91	X	X	X
Pound		OTH	21	X		X
Seine,purse		OTH	01	X		X
Seine,beach	.....	OTH	02	X		X
Shovel		OTH	18	X		X
Trap		OTH	90	X		X
Trawl, beam		(1)	17	X		X
Trawl, double otter		(1)	27	X		X
Trawl, nonpelagic/bottom	X	NPT	07	X		X
Trawl, pelagic/midwater	X	PTR	47	X		X
Troll, dinglebar	X	TROLL	25	X	X	X
Troll, power gurdy	X	TROLL	15	X	X	X
Weir		OTH	14	X		X

[1] For logbooks, forms, electronic WPR, electronic check-in/out reports: all trawl gear must be reported as either nonpelagic or pelagic trawl

3. On page 43531, Table 16 is corrected to read as follows:

TABLE 16 TO PART 679.—AREA CODES AND DESCRIPTIONS FOR USE WITH STATE OF ALASKA ADF&G COMMERCIAL OPERATOR'S ANNUAL REPORT (COAR)

COAR: Name (Code)	Species	ADF&G Fisheries Management Areas	Area Description in ADF&G Regulations
Alaska Peninsula	King Crab:	M	5 AAC 34.500
South Peninsula (MS)	AK Peninsula/Aleutian Islands Salmon	M	5 AAC 12.100
North Peninsula (MN)		M	(Aleutians) 5 AAC 09.100 (AK Peninsula)
	Herring	M	5 AAC 27.600
Bering Sea:	Bering Sea King Crab	Q	5 AAC 34.900
Pribilof Island (Q1)	Bering Sea/Kotzebue Herring	Q	5 AAC 27.900
St. Matthew Island Q2)			
St. Lawrence Island (Q4)			
Bristol Bay (T)	King Crab	T	5 AAC 34.800
	Salmon	T	5 AAC 06.100
	Herring	T	5 AAC 27.800
Chignik (L)	Groundfish	L	5 AAC 28.500
	Herring	L	5 AAC 27.550
	Salmon	L	5 AAC 15.100

TABLE 16 TO PART 679.—AREA CODES AND DESCRIPTIONS FOR USE WITH STATE OF ALASKA ADF&G COMMERCIAL OPERATOR'S ANNUAL REPORT (COAR)—Continued

COAR: Name (Code)	Species	ADF&G Fisheries Management Areas	Area Description in ADF&G Regulations
Cook Inlet:	Groundfish	H	5 AAC 28.300
Lower Cook Inlet (HL)	Herring	H	5 AA 27.400
Upper Cook Inlet (HU)	Cook Inlet Shrimp	H	5 AAC 31.300
	Outer Cook Inlet Shrimp	H	5 AA 31.400
	Dungeness Crab	H	5 AA 32.300
	King Crab	H	5 AA 34.300
	Tanner Crab	H	5 AA 35.400
	Miscellaneous Shellfish	H	5 AA 38.300
	Salmon	H	5 AA 21.100
Dutch Harbor (O)	Aleutian Islands King Crab	O	5 AA 34.600
EEZ (Federal waters of BSAI (FB)	Groundfish	n/a	n/a
GOA (FG)	Atka-Amlia Islands Salmon	n/a	5 AAC 11.1010
Kodiak (western GOA) (K)	Groundfish	K	5 AAC 28.400
	Herring	K	5 AAC 27.500
	King Crab	K	5 AAC 34.400
	Salmon	K	5 AAC 18.100
	Shrimp	J	5 AAC 31.500
	Dungeness Crab	J	5 AAC 32.400
	Tanner Crab	J	5 AAC 35.500
	Miscellaneous Shellfish	J	5 AAC 38.400
Kotzebue (X)	Salmon	X	5 AAC 03.100
Kuskokwim:	Salmon	W	5 AAC 07.100
Kuskokwim River/Bay (W1)	Herring	W	5AAC 27.870
Security Cove (W2)			
Goodnews Bay (W3)			
Nelson Island (W4)			
Ninivak Island (W5)			
Cape Avinof (W6)			
Norton Sound (Z)	Norton Sound-Port Clarence Salmon	Z	5 AAC 04.100
	Norton Sound-Port Clarence King Crab		
Prince William Sound (E)	Groundfish	E	5 AAC 28.200
	Herring	E	5 AAC 27.300
	Shrimp	E	5 AAC 31.200
	Dungeness Crab	E	5 AAC 32.200
	King Crab	E	5 AAC 34.200
	Tanner Crab	E	5 AAC 35.300
	Miscellaneous Shellfish	E	5 AAC 38.200
	Salmon	E	5 AAC 24.100
Southeast:	Groundfish	A	5 AAC 28.100
Juneau/Haines (A1)	Southeast (w/o Yakutat) Herring	A	5 AAC 27.100
Yakutat (A2)	Yakutat Herring	D	5 AAC 27.200
Ketchikan/Craig (B)	Southeast (w/o Yakutat) Shrimp	A	5 AAC 31.100
Petersburg/Wrangell (C)	Yakutat Shrimp	D	5 AAC 31.150
Sitka/Pelican (D)	Southeast (w/o Yakutat) Dungeness Crab	A	5 AAC 32.100
	Yakutat Dungeness Crab	D	5 AAC 32.155
	Southeast (w/o Yakutat) Dungeness, King Crab	A	5 AAC 34.100
	Yakutat King Crab	D	5 AAC 34.160
	Southeast (w/o Yakutat) Tanner Crab	A	5 AAC 35.100
	Yakutat Tanner Crab	D	5 AAC 35.160
	Southeast (w/o Yakutat) Miscellaneous Shellfish	A	5 AAC 38.100
	Yakutat Miscellaneous Shellfish	D	5 AAC 38.160
	Southeast (w/o Yakutat) Salmon	A	5 AAC 33.100
	Yakutat Salmon	D	5 AAC 29.010 5 AAC 30.100
Yukon River:	Yukon-Northern Salmon	Y	5 AAC 05.100
Lower Yukon (YL)			
Upper Yukon (YU)			

4. On page 43533, Table 18 is corrected to read as follows:

TABLE 18 TO PART 679.—REQUIRED BUYING AND PRODUCTION FORMS FOR USE WITH STATE OF ALASKA COMMERCIAL OPERATOR'S ANNUAL REPORT (COAR)

Fishery	Form Number and Name
Salmon	*Salmon Buying*
	(A)(1) Seine gear
	(A)(1) Gillnet gear
	(A)(2) Troll gear
	(A)(2) Hatchery
	(A)(3) Miscellaneous gear
	King Salmon Production
	(B)(1) Production
	(B)(1) Canned Production
	Sockeye Salmon Production:
	(B)(2)(i) Production
	(B)(2)(ii) Canned Production
	Coho Salmon Production
	(B)(3)(i) Production
	(B)(3)(ii) Canned Production
	Pink Salmon Production
	(B)(4)(i) Production
	(B)(4)(ii) Canned Production
	Chum Salmon Production
	(B)(5)(i) Production
	(B)(5)(ii) Canned Production
	Salmon Roe & Byproduct Production
	(B)(6)(i) Roe
	(B)(6)(ii) Byproduct Production
Herring	Herring Buying
	(C)(1)(i) Seine gear
	(C)(1)(ii) Gillnet gear
	(C)(2)(i) Gillnet gear
	(C)(2)(ii) Pound gear
	(C)(2)(iii) Hand-pick gear
	Herring Production
	(D)(1)(i) Production
	(D)(1)(ii) Byproduct Production
Crab	(E)*Crab Buying*
	(F) Crab Production
Shrimp/Miscellaneous Shellfish	(G)*Shrimp/Misc.Shellfish Buying*
	(G)(1)(i) Trawl gear
	(G)(1)(ii) Pot gear
	(G)(1)(iii) Diving/picked gear
	(G)(1)(iv) Other gear (specify)
	(H) Shrimp/Misc. Shellfish/Finfish Production
Groundfish	(I)(1) Groundfish Buying
	(I)(2) Groundfish Buying
	(J)(1) Groundfish Production
	(J)(2) Groundfish Production
Halibut	(K) Halibut Buying & Production
Custom Production	*Custom Production*
	(L)(1) Associated Processors
	(L)(1)(i) Custom Fresh/Frozen
	(L)(1)(ii) Misc. production
	(L)(1)(iii) Custom Canned Production
	(L)(2) (additional sheet)
PRICES NOT FINAL	(M)(1) Fish Buying Retro Payments
	(M)(2) Post-season Adjustments

October 24, 2001.

William T. Hogarth,

Assistant Administrator for Fisheries, National Marine Fisheries

[FR Doc. 01–27402 Filed 10–31–01: 8:45 am]

BILLING CODE 3510–22–S

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

50 CFR Part 679

[Docket No. 010112013–1013–01; I.D. 102901A]

Fisheries of the Exclusive Economic Zone Off Alaska; Yellowfin Sole by Vessels Using Trawl Gear in Bycatch Limitation Zone 1 of the Bering Sea and Aleutian Islands Management Area

AGENCY: National Marine Fisheries Service (NMFS), National Oceanic and Atmospheric Administration (NOAA), Commerce.

ACTION: Closure.

SUMMARY: NMFS is closing directed fishing for yellowfin sole by vessels using trawl gear in Bycatch Limitation Zone 1 (Zone 1) of the Bering Sea and Aleutian Islands management area (BSAI). This action is necessary to prevent exceeding the 2001 bycatch allowance of red king crab specified for the trawl yellowfin sole fishery category in Zone 1.

DATES: Effective 1200 hrs, Alaska local time (A.l.t.), October 29, until 2400 hrs, A.l.t., December 31, 2001.

FOR FURTHER INFORMATION CONTACT: Mary Furuness, 907–586–7228.

SUPPLEMENTARY INFORMATION: NMFS manages the groundfish fishery in the BSAI exclusive economic zone according to the Fishery Management Plan for the Groundfish Fishery of the Bering Sea and Aleutian Islands Area (FMP) prepared by the North Pacific Fishery Management Council under authority of the Magnuson-Stevens Fishery Conservation and Management Act. Regulations governing fishing by U.S. vessels in accordance with the FMP appear at subpart H of 50 CFR part 600 and at 50 CFR part 679.

The 2001 red king crab bycatch allowance specified for Zone 1 of the BSAI trawl yellowfin sole fishery category, which is defined at § 679.21(e)(3)(iv)(B)(*1*), is 11,664 animals (66 FR 7276, January 22, 2001 and 66 FR 37167, July 17, 2001).

In accordance with § 679.21(e)(7)(ii), the Administrator, Alaska Region, NMFS (Regional Administrator), has determined that the 2001 bycatch allowance of red king crab specified for the trawl yellowfin sole fishery in Zone 1 of the BSAI has been caught. Consequently, the Regional Administrator is closing directed fishing for yellowfin sole by vessels using trawl gear in Zone 1 of the BSAI.

Maximum retainable bycatch amounts may be found in the regulations at § 679.20(e) and (f).

Classification

This action responds to the best available information recently obtained from the fishery. The Assistant Administrator for Fisheries, NOAA, finds that the need to immediately implement this action to avoid exceeding the red king crab bycatch allowance for the yellowfin sole fishery category constitutes good cause to waive the requirement to provide prior notice and opportunity for public comment pursuant to the authority set forth at 5 U.S.C. 553(b)(3)(B) and at 50 CFR 679.20(b)(3)(iii)(A), as such procedures would be unnecessary and contrary to the public interest. Similarly, the need to implement these measures in a timely fashion to avoid exceeding the red king crab bycatch allowance for the yellowfin

sole fishery category constitutes good cause to find that the effective date of this action cannot be delayed for 30 days. Accordingly, under 5 U.S.C. 553(d), a delay in the effective date is hereby waived.

This action is required by 50 CFR 679.21 and is exempt from review under Executive Order 12866.

Authority: 16 U.S.C. 1801 *et seq.*

Dated: October 29, 2001.

Bruce C. Morehead

Acting Director, Office of Sustainable Fisheries, National Marine Fisheries Service.

[FR Doc. 01–27448 Filed 10–29–01; 4:04 pm]

BILLING CODE 3510–22–S

Proposed Rules

Federal Register
Vol. 66, No. 212
Thursday, November 1, 2001

This section of the FEDERAL REGISTER contains notices to the public of the proposed issuance of rules and regulations. The purpose of these notices is to give interested persons an opportunity to participate in the rule making prior to the adoption of the final rules.

DEPARTMENT OF AGRICULTURE

Rural Utilities Service

7 CFR Part 1717

RIN 0572–AB63

Mergers and Consolidations of Electric Borrowers

AGENCY: Rural Utilities Service.

ACTION: Proposed rule.

SUMMARY: The Rural Utilities Service (RUS) is proposing to amend regulations to provide the Administrator with loan processing prioritization authority for recently merged companies. This change will allow the Administrator to grant or decline priority or grant priority for a limited amount of a loan application. This action is being proposed to allow lending priority to newly merged companies and provide greater opportunity to provide loans to as many borrowers as possible.

DATES: Written comments must be received by RUS or carry a postmark or equivalent no later than December 3, 2001.

ADDRESSES: Written comments should be addressed to F. Lamont Heppe, Jr., Director, Program Development and Regulatory Analysis, Rural Utilities Service, U.S. Department of Agriculture, STOP 1522, 1400 Independence Ave., SW., Washington, DC 20250–1522. RUS requests a signed original and three copies of all comments (7 CFR 1700.4). Comments will be available for public inspection during regular business hours (7 CFR 1.27(b)).

FOR FURTHER INFORMATION CONTACT: Patrick R. Sarver, Management Analyst, Rural Utilities Service, Electric Program, Room 4024 South Building, Stop 1560, 1400 Independence Ave., SW., Washington, DC 20250–1560, Telephone: 202–690–2992, FAX: 202–690–0717, E-mail: *psarver@rus.usda.gov.*

SUPPLEMENTARY INFORMATION:

Executive Order 12866

This proposed rule has been determined to be not significant for purposes of Executive Order 12866 and, therefore, has not been reviewed by the Office of Management and Budget (OMB).

Executive Order 12372

This rule is excluded from the scope of Executive Order 12372, Intergovernmental Consultation, which may require consultation with State and local officials. See the final rule related notice titled ''Department Programs and Activities Excluded from Executive Order 12372'' (50 FR 47034) advising that RUS loans and loan guarantees from coverage were not covered by Executive Order 12372.

Executive Order 12988

This proposed rule has been reviewed under Executive Order 12988, Civil Justice Reform. RUS has determined that this proposed rule meets the applicable standards provided in section 3 of the Executive Order. In addition, all state and local laws and regulations that are in conflict with this rule will be preempted; no retroactive effect will be given to this rule, and, in accordance with section 212(e) of the Department of Agriculture Reorganization Act of 1994 (7 U.S.C. 6912 (e)), administrative appeals procedures, if any are required, must be exhausted before an action against the Department or its agencies.

Regulatory Flexibility Act Certification

In accordance with the Regulatory Flexibility Act (5 U.S.C. 601 *et seq.*), the Administrator of RUS has determined that this rule will not have significant impact on a substantial number of small entities. The RUS electric loan program provides loans and loan guarantees to borrowers at interest rates and terms that are more favorable than those generally available from the private sector. Small entities are not subjected to any requirements, which are not applied equally to large entities. RUS borrowers, as a result of obtaining federal financing, receive economic benefits that exceed any direct cost associated with RUS regulations and requirements.

Information Collection and Recordkeeping Requirements

This rule contains no additional information collection or recordkeeping requirements under OMB control number 0572–0032 that would require approval under the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35).

Unfunded Mandates

This proposed rule contains no Federal mandates (under the regulatory provision of title II of the Unfunded Mandates Reform Act) for State, local, and tribal governments or the private sector. Thus, this proposed rule is not subject to the requirements of sections 202 and 205 of the Unfunded Mandates Reform Act.

National Environmental Policy Act Certification

The Administrator of RUS has determined that this proposed rule will not significantly affect the quality of human environment as defined by the National Environmental Policy Act of 1969 (42 U.S.C. 4321 et seq.). Therefore, this action does not require an environmental impact statement or assessment.

Catalog of Federal Domestic Assistance

The program described by this proposed rule is listed in the Catalog of Federal Domestic Assistance Programs under No. 10.850, Rural Electrification Loans and Loan Guarantees. This catalog is available on a subscription basis from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402–9325, telephone number (202) 512–1800.

Background

Pursuant to the Rural Utilities Service (RUS) effort to review and streamline regulations, amendments were made to regulations in 1996 that were intended to encourage electric borrowers to evaluate and complete mergers, consolidations, or enter into similar arrangements that benefited borrowers and the rural communities they serve, consistent with the interests of the Government as a secured lender. Since the inception of the new rules, 30 mergers or consolidations have taken place consolidating the efforts of 62 borrowers.

The 1996 amendments provided RUS with the option of granting transitional

assistance in connection with new municipal rate loans by providing loan processing priority. At the borrower's request, RUS offered priority for the first loan to a successor, provided that the loan was approved by RUS not later than five years after the subsequent date of the merger. RUS also offered, at the borrower's request, a waiver on the requirement to obtain supplemental financing and, upon borrower's request, extended the reimbursement period up to 48 months.

Unfortunately, the RUS municipal rate loan program has experienced several situations where large loans (48-month reimbursement period) were made to recently merged borrowers which received loan-processing priority under 7 CFR 1717.154. This activity severely limited the number of municipal rate loans that RUS was able to approve.

For example, in Fiscal Year 2000, loans from two recently merged systems totaling more than $150 million were provided loan priority. The merger loans accounted for more than 50 percent of the total municipal rate funding authority.

In an effort to alleviate this funding level burden and provide a greater opportunity to provide direct loans to as many borrowers as possible, RUS is proposing to provide the Administrator the flexibility to limit the amount of a loan to a successor (surviving business entity) following a merger.

In response to rapid changes in the regulatory and business environment of the electric industry, RUS will continue to urge borrowers to explore any and all opportunities when such action is likely to contribute, in the long term, to greater operating efficiency, financial soundness, and enhance the ability of the successor to provide reliable electric service at reasonable cost to Rural Electrification Act beneficiaries. RUS believes that limiting the maximum loan amount for the first loan following a merger will not deter such activity.

List of Subjects in 7 CFR Part 1717

Administrative practice and procedure, Electric power, Electric power rates, Electric utilities, Intergovernmental relations, Investments, Loan programs—energy, Reporting and recordkeeping requirements, Rural areas.

For the reasons set forth in the preamble, chapter XVII of title 7 of the Code of Federal Regulations, is proposed to be amended as follows:

PART 1717—POST-LOAN POLICIES AND PROCEDURES COMMON TO INSURED AND GUARANTEED ELECTRIC LOANS

1. The authority citation for part 1717 continues to read as follows:

Authority: 7 U.S.C. 901 *et seq.*, 1921 *et seq.*, 6941 *et seq.*

Subpart D—Mergers and Consolidations of Electric Borrowers

2. Section 1717.154 is amended by:

A. Revising paragraph (a)(1);

B. Redesignating paragraph (a)(2) to (a)(3), and

C. Adding a new paragraph (a)(2).

This revision and addition are to read as follows:

§ 1717.154 Transitional assistance in connection with new loans.

* * * * *

(a) *Loan processing priority.* (1) RUS loans are generally processed in chronological order based on the date the complete application is received in the regional or division office. At the borrower's request, RUS may offer loan processing priority for the first loan to a successor, provided that the loan is approved by RUS not later than 5 years after the effective date of the merger. In considering the request, the Administrator will take into account, among other factors, the amount of the loan application, whether there is a significant backlog in pending loan applications, the impact that loan priority would have on the backlog, the savings and efficiencies to be realized from the merger and the relative importance of loan priority to facilitating the merger. The Administrator may, in his or her sole discretion, grant or decline to grant priority, or grant priority for a limited amount of the loan application while deferring for later consideration the remainder of the application.

(2) For any subsequent loans approved during those 5 years, RUS may offer loan processing priority. In reviewing requests for loan processing priority on subsequent loans, RUS will consider the loan authority for the fiscal year, the borrower's projected cash flows, its electric rates and rate disparity, and the likely mitigation effects of priority loan processing. See 7 CFR 1710.108 and 1710.119.

* * * * *

Dated: October 9, 2001.

Roberta D. Purchell,

Acting Administrator, Rural Utilities Service.

[FR Doc. 01–27480 Filed 10–31–01; 8:45 am]

BILLING CODE 3410–15–P

DEPARTMENT OF THE TREASURY

Office of Thrift Supervision

12 CFR Parts 559 and 560

[No. 2001–67]

RIN 1550–AB37

Lending and Investment

AGENCY: Office of Thrift Supervision, Treasury.

ACTION: Notice of proposed rulemaking.

SUMMARY: The Office of Thrift Supervision (''OTS'') proposes to revise and clarify its lending and investment regulations to give savings associations greater flexibility in a changing marketplace. Today's proposed regulatory amendments are intended to help thrifts take better advantage of the flexibility available under the Home Owners' Loan Act (''HOLA''), to provide low-cost credit to their customers, and to invest in their communities while still operating safely and soundly.

DATES: Comments must be received on or before December 3, 2001.

ADDRESSES:

Mail: Send comments to Regulation Comments, Chief Counsel's Office, Office of Thrift Supervision, 1700 G Street, NW., Washington, DC 20552, Attention Docket No. 2001–67.

Delivery: Hand deliver comments to the Guard's Desk, East Lobby Entrance, 1700 G Street, NW., from 9 a.m. to 4 p.m. on business days, Attention Regulation Comments, Chief Counsel's Office, Docket No. 2001–67.

Facsimiles: Send facsimile transmissions to FAX Number (202) 906–6518, Attention Docket No. 2001–67.

E-Mail: Send e-mails to *regs.comments@ots.treas.gov,* Attention Docket No. 2001–67, and include your name and telephone number.

Public Inspection: Comments and the related index will also be posted on the OTS Internet Site at *www.ots.treas.gov.* In addition, interested persons may inspect comments at the Public Reference Room, 1700 G Street, NW., by appointment. To make an appointment for access, call (202) 906–5922, send an e-mail to *public.info@ots.treas.gov,* or send a facsimile transmission to (202) 906–7755. (Prior notice identifying the materials you will be requesting will assist us in serving you.) Appointments will be scheduled on business days between 10 a.m. and 4 p.m. In most cases, appointments will be available the next business day following the date a request is received.

FOR FURTHER INFORMATION CONTACT: William J. Magrini, Senior Project Manager, Supervision Policy, (202) 906–5744; Paul Robin, Assistant Chief Counsel, Regulations and Legislation Division, (202) 906–6648, Office of Thrift Supervision, 1700 G Street, NW., Washington, DC 20552.

SUPPLEMENTARY INFORMATION:

I. Background of the Proposal

OTS periodically reviews its lending and investment regulations to ensure that they enhance safe and sound lending, implement statutory requirements, protect consumers, minimize regulatory burden, and are clearly written. OTS lending and investment regulations have been considerably modified over time as savings associations, their markets, their competition, and the economy have changed. For the most part, OTS has taken a contract and market-based approach to provide flexibility for thrifts and their customers and to encourage innovations in lending to help make credit more available.

OTS last substantively revised its lending regulations and subordinate organizations regulations in 1996.[1] Since that time, the markets in which thrifts operate have changed substantially. In the primary market, savings associations now compete with other mortgage lenders to offer potential borrowers a wide variety of options besides the traditional 30-year fixed-rate purchase money mortgage. The secondary market continues to narrow the interest-rate spread on high quality mortgages.

As the residential mortgage market has evolved, thrifts have increasingly begun to explore offering other types of credit needed in their communities, including consumer lending and small business lending. A variety of community-related investment opportunities offer thrifts new ways to serve and to participate in the economic development of their communities. Thrifts have asked whether and how such loans and investments may be made by either the thrift itself or through an operating subsidiary or service corporation.

This evolving environment makes it appropriate for OTS to again re-examine and update its lending and investment and subordinate organizations regulations. Today's proposed regulatory amendments are intended to help thrifts take better advantage of the flexibility available under the Home Owners' Loan Act (''HOLA''), to provide low-cost credit to their customers, and to invest in their communities while still operating safely and soundly.

II. Section-by-Section Analysis

Section 559.4 What Activities Are Preapproved for Service Corporations?

Section 559.4 lists activities that are preapproved for service corporations of Federal savings associations. *Preapproved* means that well-managed savings associations planning to initiate the activity in a service corporation must only give OTS and the Federal Deposit Insurance Corporation (''FDIC'') advance notice under section 18(m) of the Federal Deposit Insurance Act and 12 CFR 559.11, rather than receive OTS approval.

Paragraph (g) of § 559.4 currently preapproves service corporation investments in only those small business investment companies (''SBICs'') licensed by the U.S. Small Business Administration (''SBA'') that engage solely in activities otherwise permissible for the service corporation itself.[2] Under the current regulation, other investments in SBICs must be approved on a case-by-case basis.

The proposed rule would amend this provision to reflect recent statutory changes made in the Consolidated Appropriations Act—FY 2001 (''CAA'').[3] The CAA gives Federal savings associations the same authority that national and state banks enjoy to invest in SBICs[4] and new markets venture capital companies (''NMVCCs'')[5] licensed by the SBA, without restriction as to the activities of those companies. Accordingly, proposed § 559.4(g) would preapprove Federal savings association service corporation investments in SBICs and NMVCCs without regard to the nature of a particular company's activities. (OTS is also proposing to amend 12 CFR 560.30 to reflect Federal savings associations' ability to make these investments at the thrift level.)

Paragraph (h) of existing § 559.4 preapproves service corporation investments in certain community development and charitable activities. Thrifts interested in participating in community development projects with other depository institutions have asked how the scope of this authority compares to that of banks. OTS is proposing to clarify any ambiguity by modifying paragraph (h)(2) to parallel 12 U.S.C. 24 (Eleventh), which defines a national bank's authority to make public welfare investments. That definition includes investments ''designed primarily to promote the public welfare, including the welfare of low- and moderate-income communities or families (such as by providing housing, services, or jobs).'' This modification would clarify that Federal savings association service corporations have the same authority that national banks and state member banks have to make investments to promote the public welfare (see 12 U.S.C. 24 (Eleventh) and 12 U.S.C. 338a, respectively).

OTS is also proposing to add a new paragraph (i) to existing § 559.4 to preapprove service corporation activities conducted on an ''as agent'' basis. Section 559.4's preapproved list currently includes various activities that are conducted on an agency basis, such as insurance agency or acting as a trustee. Allowing service corporations to engage on behalf of their customers in ''any activities conducted other than as principal'' expands thrifts' opportunities to enter other profitable businesses. These activities can enhance their ability to meet their customers' needs while presenting no significant risk to savings associations or the deposit insurance fund, assuming compliance with the applicable capital standards. The capital provisions of HOLA recognize that such activities present no higher risks to savings associations by specifically excluding activities conducted as agent from otherwise applicable higher capital requirements. See 12 U.S.C. 1464(t)(5)(B). Similarly, the FDIC regulations governing activities by state-chartered banks that are not permitted for national banks specifically exclude activities conducted other than as principal. See 12 CFR 362.1(b)(1).

Section 560.3 Definitions.

HOLA section 5(c) lists various categories of loans and investments permissible for Federal savings associations. Because some categories focus on the purpose of a loan and others on the security for a loan, some loans have characteristics that would qualify them for more than one category. For example, a home equity loan could qualify as a loan secured by residential real estate, a loan to repair or improve residential real property, or a consumer loan. Some loans may be collateralized by both real and personal property. OTS

[1] *See* Lending and Investment Final Rule, 61 FR 50951 (Sept. 30, 1996); Subsidiaries and Equity Investments, 61 FR 66561 (Dec. 18, 1996).

[2] 12 CFR 559.4(g)(3).

[3] Pub. L. No. 106–554 (Dec. 21, 2000).

[4] *See* section 302(b)(2) of the Small Business Investment Act of 1958, as amended by the CAA, 15 U.S.C. 682(b).

[5] *See* new section 5(c)(4)(F) to the HOLA, as amended by the CAA, 12 U.S.C. 1464(c)(4)(F), which authorizes federal savings associations to invest in securities of any new markets venture capital company, subject to a 5% of capital and surplus limit.

regulations have long allowed savings associations to report all or part of any such multi-category-qualifying loan in whatever category best suits the institution's needs. See 12 CFR 560.31(a).

OTS has received some questions about how the regulatory definition of loans secured by real estate at § 560.3 fits into this regulatory scheme. In part, the rule currently requires that the savings association must ''substantially'' rely on the real estate as ''the primary security'' for the loan. We have been asked for clarification of the meaning, purpose, and relative importance of ''substantially'' and ''primary.'' In trying to understand the regulation's requirements, some have focused on the details of how the loan is underwritten and others look at how the loan is reported on the Thrift Financial Report.

Upon review of the statute, which does not contain either term, and the confusion that has resulted by having both terms, OTS is modifying its definition of real estate loans for purposes of 12 CFR part 560 to remove the requirement that the real estate be the primary security for a loan. The regulation will expand upon the existing ''substantially relies'' requirement by stating that a real estate loan is one where the association ''substantially relies upon a security interest in real estate given by the borrower as a condition of making the loan.'' The purpose of this new language is to treat as a real estate loan only a loan that would not have been made in the same amount or on the same terms unless it was secured, in whole or in part, by real estate. This change is consistent with the definition of ''Loans Secured by Real Estate'' in the FFIEC's Call Report Instructions. Thus, for example, a $500,000 loan to a non-profit organization or small business where the savings association required the organizers or owners to give the savings association a security interest valued at $300,000 in the real property used by the organization or in the owner's home as a condition of making the loan could be treated as either a small business loan or as a real estate loan. In contrast, a multi-million dollar loan to a large business secured in part by a $100,000 mortgage would not meet the requirement that the association ''substantially'' rely on the real estate as security for the loan. This change should help savings associations use more effectively the long-standing flexibility embodied in § 560.31(a).

OTS is also proposing to modify the definition of ''small business loans and loans to small businesses.'' Sections 5(c)(2)(A) and 10(m)(4)(E) specifically authorize the Director to define the terms ''small business loans'' and ''small business'' for purposes of HOLA investment limits and the Qualified Thrift Lender test, respectively.

Current OTS regulations, adopted in 1996 when this statutory authority was granted, provide two alternatives for determining whether a particular loan qualifies as a small business loan for purposes of either provision. First, a loan of any size to a business that meets the size standards established by the Small Business Administration qualifies as a small business loan. Because determining whether a particular business meets the SBA size standards can be time-consuming and difficult, OTS regulations have also allowed savings associations to count any loan of less than $1 million to a business or $500,000 to a farm as a small business loan.

Since 1996, OTS has heard from savings associations that this alternative has not provided the flexibility the agency originally anticipated, especially in certain higher priced geographic areas. The agency therefore proposes to raise the safe harbor level for small business loans to $2 million for both businesses and farms. This level should help more savings associations use their small business lending authority under the HOLA. This increase is also consistent with statutory changes made in the CAA to increase the maximum gross loan amount for loans qualifying for SBA guarantees under the § 7(a) General Business Loan Guaranty program to $2 million. OTS specifically requests comment on whether a higher safe harbor level would be appropriate.

Section 560.30 General Lending and Investment Powers of Federal Savings Associations

Section 560.30 contains a chart summarizing the lending and investment powers granted to Federal thrifts by the HOLA. OTS proposes to update the lending and investment chart to reflect the new statutory authority granted to savings associations by the CAA to invest in SBICs and NMVCCs. As discussed above, the CAA gives Federal savings associations the same authority that national and state banks enjoy to invest up to 5% of their capital in SBICs and NMVCCs. OTS proposes to add NMVCCs as one of the investment categories on the chart with its corresponding 5% of total capital investment limit, change the investment limit for SBICs in the chart to 5% of total capital, and remove endnote 17 because its limits on savings associations' SBIC investments have been overridden by the CAA.

OTS also proposes to update the lending and investment chart to reflect section 1201 of the Financial Regulatory Relief and Economic Efficiency Act of 2000's [6] elimination of statutory liquidity requirements previously implemented at 12 CFR part 566. OTS has removed part 566 in a separate rulemaking and today proposes to remove endnote 10 of the lending and investment chart, which currently references § 566.1(g) regarding assets qualified as liquidity investments.[7] The chart will continue to contain the statutory reference to liquid assets as permissible investments.

Section 560.36 De Minimis Investments

Section 560.36 currently permits a Federal savings association to invest, in the aggregate, up to the greater of one-fourth of 1% of its total capital or $100,000 in community development investments of the types permitted for a national bank under 12 CFR part 24. OTS proposes to increase Federal savings associations' authority to make de minimis community development investments.

The regulation enables Federal savings associations to invest in community development funds, community centers, and economic development initiatives within their communities. These investments generally do not present safety and soundness problems and enable a thrift to support and participate fully in its community.

Savings associations, however, have told OTS that they have not been able to participate as fully as competing banks of a comparable size in local partnerships because of the regulatory limitation for de minimis investments. Under the current regulation, for example, a $500 million savings association with capital of $50 million may invest up to $125,000 in the aggregate. A $100 million thrift with capital of $10 million may invest up to $100,000. National banks of comparable size could potentially invest up to $5 million or $1 million respectively.

To give savings associations, particularly smaller savings associations, greater flexibility to support their communities through investment, OTS is proposing to amend § 560.36 to increase the de minimis limits to the greater of 1% of an association's total capital or $250,000. The $500 million association in the

[6] Pub. L. No. 106–569, 114 Stat. 3032 (2000).

[7] Savings associations must maintain sufficient liquidity to ensure safe and sound operation. See § 563.161.

above example could therefore make up to $500,000 in community development investments in the aggregate at the association or operating subsidiary level. Additional investments could be made at the service corporation level.

Section 560.40 Commercial Paper and Corporate Debt Securities.

Section 560.40 reiterates HOLA's grant of statutory authority to Federal thrifts to invest in commercial paper and corporate debt securities and sets out limitations on that authority.[8] Recently, some Federal savings associations have purchased complex investment securities with nonstandard ratings, ratings that only apply to the principal amount rather than both the principal and interest, or payment features such as residuals. These investments tend to be speculative in nature, and their likelihood of producing a particular rate of return is difficult to assess even where they may be partially guaranteed or rated investment grade. These investments are clearly not intended to hedge interest rate risk or credit risk. Rather, their potential purchase creates risks that highlight the need for savings associations to perform thorough underwriting analyses. To address issues raised by these types of investments, OTS proposes two changes to § 560.40 to codify the agency's existing expectations about the circumstances under which these investments may be made.

First, OTS proposes to amend paragraph (a)(2)(ii) to clarify that the rating must cover the entirety of the proposed security in which the thrift is considering an investment. For example, if only the principal of the security is rated as investment grade, the thrift could purchase a principal-only interest in that security, but not an interest in the security as a whole. OTS also proposes to add a new paragraph (c) to § 560.40 that codifies OTS's existing expectations that Federal savings associations must conduct an appropriately thorough underwriting analysis of any investment security they intend to purchase. Proposed paragraph (c) would require that before committing to acquire any investment security, a Federal savings association must determine whether the investment is safe and sound and suitable for the association. The Federal savings association must consider, as appropriate, the interest rate, credit, liquidity, price, transaction, and other risks associated with the investment activity. The savings association must determine that the issuer has adequate resources and the willingness to provide for all required payments on its obligations in a timely manner. The savings association may consider the rating given by a ratings agency in determining the level of additional review the association should perform. The savings association must also determine that the investment is appropriate for the association.[9]

In addition to the initial underwriting of the investment, the savings association continues to have an ongoing responsibility to monitor the investment, including cash flows, collateral quality, and the performance of the underlying assets of the security, at least quarterly, to determine the effect of any changes to the association's investment. As always, the association must be able to demonstrate to examiners that it has underwritten its investments appropriately.[10]

Section 560.42 State and Local Government Obligations

Section 560.42 reiterates the HOLA's grant of statutory authority to Federal savings associations to invest in obligations issued by any state, territory, or political subdivision thereof[11] and sets out regulatory restrictions on that investment authority. OTS is proposing to enhance Federal savings associations' ability to invest in state and local government obligations by modifying certain of § 560.42's regulatory restrictions.

Section 560.42 currently provides that a Federal savings association may not invest more than ten percent of its total capital in non-general obligations of any one issuer, and that those obligations must hold one of the four highest investment grade ratings or must be issued by a public housing agency and backed by the full faith and credit of the United States. Section 560.42 also authorizes a Federal savings association to invest, in the aggregate, up to one percent of its assets in the obligations of a state, territory, or political subdivision in which the association's home office or a branch office is located or in any obligations approved by OTS.

Proposed § 560.42 eases the current percentage restrictions on Federal associations' investment in state and local government obligations to give savings associations greater flexibility to make those investments on a competitive basis with other financial institutions. While the 10 percent of capital per issuer limitation in current § 560.42 is a statutory requirement, the other limits are considerably stricter than required either by HOLA or the other banking regulators.[12]

Section 560.42(c)(1)'s current limitation of one percent of assets and accompanying geographic limitations for non-rated securities appears to make it overly difficult for smaller associations to make investments in support of their local community. Enhancing associations' ability to invest in non-rated securities that are of investment quality should strengthen associations' investment portfolios since non-rated municipal securities often pay higher interest rates than investment rated municipal securities.

OTS, however, remains concerned that removing all aggregate limits on investment in non-rated government obligations could potentially raise safety and soundness issues. Some state and local obligations are unrated because they are small issues and the municipality does not want to incur the high costs of having their issues rated by a rating agency. For small-dollar issues, obtaining a rating is generally not feasible. Other issues, however, are not rated because they are not investment grade, and the issuer knows it will likely receive an unfavorable rating. For example, revenue bond type securities that are supported by commercial development projects and not backed by the full faith and credit of municipalities generally present greater risks than municipal bonds to savings associations' investment portfolios.

OTS is proposing to revise § 560.42 to give associations greater flexibility to invest in general obligations of a governmental entity and to invest in high-quality, non-rated municipal securities, while at the same time limiting or prohibiting investments in low-quality municipal securities. Under the proposal, Federal savings associations may invest in general

[8] 12 U.S.C. 1464(c)(2)(D).

[9] OTS issued a Memorandum for Chief Executives 130, dated October 23, 2000, that addresses underwriting the purchase of investment securities in more detail. Thrift Bulletin 13a also provides guidance on the fundamental underwriting standards thrifts should use in this area.

[10] The Office of the Comptroller of the Currency has a similar regulation addressing safe and sound banking practices with respect to securities investments. *See* 12 CFR 1.5 (2001).

[11] 12 U.S.C. 1464(c)(1)(H).

[12] *Id.* The OCC allows national banks to invest in general obligations of states and municipalities backed by the full faith and credit of the issuer without limit. It limits an institution's investment in obligations of any one issuer in corporate bonds and municipal revenue bonds (Type III securities) to 10% of capital and surplus, but does not impose an aggregate limit. Other than general obligation bonds, national banks may not invest in non-rated, non-investment quality Type III securities, such as revenue bonds. The OCC does, however, allow national banks to invest in non-rated Type III securities if the bank can demonstrate that the securities are investment quality. *See* 12 CFR part 1 (2001).

obligations of state or political subdivisions without any limitation. See proposed § 560.42(a)(1).

Pursuant to proposed § 560.42(a)(2), Federal savings associations may invest in other obligations of a government entity, such as revenue bonds, that hold one of the four highest investment grade ratings by a nationally recognized rating agency or that are nonrated but of investment quality, subject only to a 10% of total capital limit for investments in the obligations of any one issuer. Finally, OTS has retained its catch-all provision for obligations of a governmental entity that do not otherwise qualify under any other category. Proposed § 560.42(a)(4) provides that Federal savings associations may invest in obligations of a governmental entity that do not otherwise qualify under any other paragraph subject to the approval and conditions set by the appropriate Regional Director. The per issuer limitation remains the same.

III. Request for Public Comment

OTS invites comment on all aspects of the proposal as well as specific comments on the proposed changes. We encourage commenters to suggest modifications to approaches discussed above that could meet OTS's overall goals of enhancing savings associations' flexibility in a competitive mortgage market, encouraging the safe and sound, efficient delivery of low-cost credit to the public, and minimizing undue regulatory duplication and burden. Because OTS hopes to expeditiously publish a final rule effective by beginning of the next calendar quarter, OTS is publishing this proposal with a 30-day comment period.

IV. Solicitation of Comments Regarding the Use of Plain Language

Section 722 of the Gramm-Leach-Bliley Act [13] requires Federal banking agencies to use ''plain language'' in all proposed and final rules published after January 1, 2000. OTS invites comments on how to make this proposed rule easier to understand. For example:

(1) Have we organized the material to suit your needs? If not, how could the material be better organized?

(2) Do we clearly state the requirements in the rule? If not, how could the rule be more clearly stated?

(3) Does the rule contain technical language or jargon that is not clear? If so, what language requires clarification?

(4) Would a different format (grouping and order of sections, use of headings, paragraphing) make the rule easier to understand? If so, what changes to the format would make the rule easier to understand?

(5) Would more (but shorter) sections be better? If so, what sections should be changed?

(6) What else could we do to make the rule easier to understand?

[13] 12 U.S.C. 4809.

V. Executive Order 12866

The Director of OTS has determined that this proposed rule does not constitute a ''significant regulatory action'' for purposes of Executive Order 12866.

VI. Unfunded Mandates Reform Act of 1995

Section 202 of the Unfunded Mandates Reform Act of 1995, Pub. L. 104–4 (''Unfunded Mandates Act''), requires that an agency prepare a budgetary impact statement before promulgating a rule that includes a Federal mandate that may result in expenditure by state, local, and tribal governments, or by the private sector, of $100 million or more in any one year. If a budgetary impact statement is required, section 205 of the Unfunded Mandates Act also requires an agency to identify and consider a reasonable number of regulatory alternatives before promulgating a rule. OTS has determined that the proposed rule will not result in expenditures by state, local, or tribal governments or by the private sector of $100 million or more. Accordingly, a budgetary impact statement is not required under section 202 of the Unfunded Mandates Act of 1995.

VII. Regulatory Flexibility Act Analysis

The Regulatory Flexibility Act (''RFA'') requires Federal agencies to prepare an initial regulatory flexibility analysis (''IRFA'') with a proposed rule or certify that the proposed rule would not have a significant economic impact on a substantial number of small entities. Pursuant to section 605(b) of the RFA, OTS certifies that this proposed rule will not have a significant economic impact on a substantial number of small entities.

The proposed rule would make certain changes that should reduce burden on all savings associations, including small institutions. The proposed rule reduces burden on all savings associations by enhancing thrifts' flexibility to offer a greater range of products, to invest in activities that support their local communities, and to compete more effectively with other financial institutions. The proposed rule would allow small savings associations to make a greater amount of community development investments. Finally, the proposed rule revises § 560.42 into plain language, which should make it easier for all savings associations to comply with the regulation.

Based on the above discussion, OTS concludes that this proposed rule should not have a significant economic impact on a substantial number of small entities.

List of Subjects

12 CFR Part 559

Reporting and recordkeeping requirements, Savings associations, Subsidiaries.

12 CFR Part 560

Consumer protection, Investments, Manufactured homes, Mortgages, Reporting and recordkeeping requirements, Savings associations, Securities.

Accordingly, the Office of Thrift Supervision proposes to amend 12 CFR chapter V as follows:

PART 559—SUBORDINATE ORGANIZATIONS

1. The authority citation for part 559 continues to read as follows:

Authority: 12 U.S.C. 1462, 1462a, 1463, 1464, 1828.

2. Section 559.4 introductory text, and paragraphs (g)(3), (h)(2) and (3), and (i) are revised; and § 559.4(j) is added to read as follows:

§ 559.4 What activities are preapproved for service corporations?

This section sets forth the activities that have been preapproved for service corporations. Section 559.3(e)(2) of this part sets forth the procedures for engaging in a broader scope of activities on a case-by-case basis. You should read these two sections together to determine whether you must file a notice with OTS under § 559.11 of this part, or whether you must file an application under part 516 of this chapter and receive prior written OTS approval for your service corporation to engage in a particular activity. To the extent permitted by § 559.3(e)(2) of this part, a service corporation may engage in the following activities:

* * * * *

(g) * * *

(3) Small business investment companies and new markets venture capital companies licensed by the U.S. Small Business Administration; and

* * * * *

(h) * * *

(2) Investments designed primarily to promote the public welfare, including

the welfare of low- and moderate-income communities or families (such as providing housing, services, or jobs);

(3) Investments in low-income housing tax credit and new markets tax credit projects and entities authorized by statute (*e.g.,* community development financial institutions) to promote community, inner city, and community development purposes; and

* * * * *

(i) Activities conducted on behalf of a customer on an other than ''as principal'' basis.

(j) Activities reasonably incident to those listed in paragraphs (a) through (i) of this section if the service corporation engages in those activities.

PART 560—LENDING AND INVESTMENT

3. The authority citation for part 560 continues to read as follows:

Authority: 12 U.S.C. 1462, 1462a, 1463, 1464, 1467a, 1701j–3, 1828, 3803, 3806; 42 U.S.C. 4106.

4. Section 560.3 is amended by revising the first sentence in the definition of *''Real estate loan''* and by revising the definition of *''Small business loans and loans to small businesses''* as follows:

§ 560.3 Definitions.

* * * * *

Real estate loan, for purposes of this part, is a loan for which the savings association substantially relies upon a security interest in real estate given by the borrower as a condition of making the loan. * * *

* * * * *

Small business loans and loans to small businesses include any loan to a small business as defined in this section; or a loan (including a group of loans to one borrower) that does not exceed $2 million to a business or farm.

5. Section 560.30 is revised to read as follows:

§ 560.30 General lending and investment powers of Federal savings associations.

Pursuant to section 5(c) of the Home Owners' Loan Act (''HOLA''), 12 U.S.C. 1464(c), a Federal savings association may make, invest in, purchase, sell, participate in, or otherwise deal in (including brokerage or warehousing) all loans and investments allowed under section 5(c) of the HOLA including, without limitation, the following loans, extensions of credit, and investments, subject to the limitations indicated and any such terms, conditions, or limitations as may be prescribed from time to time by OTS by policy directive, order, or regulation:

LENDING AND INVESTMENT POWERS CHART

Category	Statutory authorization [1]	Statutory investment limitations (Endnotes contain applicable regulatory limitations)
Bankers' bank stock	5(c)(4)(E)	Same terms as applicable to national banks.
Business development corporations	5(c)(4)(A)	The lesser of .5% of total credit outstanding loans or $250,000.
Commercial loans	5(c)(2)(A)	20% of total assets, provided that amounts in excess of 10% of total assets may be used only for small business loans.
Commercial paper and corporate debt securities.	5(c)(2)(D)	Up to 35% of total assets.[2] [3]
Community development loans and equity investments.	5(c)(3)(A)	5% of total assets, provided equity investments do not exceed 2% of total assets.[4]
Construction loans without security	5(c)(3)(C)	In the aggregate, the greater of total capital or 5% of total assets.
Consumer loans	5(c)(2)(D)	Up to 35% of total assets.[2] [5]
Credit card loans or loans made through credit card accounts.	5(c)(1)(T)	None.[6]
Deposits in insured depository institutions	5(c)(1)(G)	None.[6]
Education loans	5(c)(1)(U)	None.[6]
Federal government and government-sponsored enterprise securities and instruments.	5(c)(1)(C), 5(c)(1)(D), 5(c)(1)(E), 5(c)(1)(F)	None.[6]
Finance leasing	5(c)(1)(B), 5(c)(2)(A), 5(c)(2)(B), 5(c)(2)(D)	Based on purpose and property financed.[7]
Foreign assistance investments	5(c)(4)(C)	1% of total assets.[8]
General leasing	5(c)(2)(C)	10% of assets.[7]
Home improvement loans	5(c)(1)(J)	None.[6]
Home (residential) loans [9]	5(c)(1)(B)	None.[6] [10]
HUD-insured or guaranteed investments	5(c)(1)(O)	None.[6]
Insured loans	5(c)(1)(I), 5(c)(1)(K)	None.[6]
Liquidity investments	5(c)(1)(M)	None.[6]
Loans secured by deposit accounts	5(c)(1)(A)	None.[6] [11]
Loans to financial institutions, brokers, and dealers.	5(c)(1)(L)	None.[6] [12]
Manufactured home loans	5(c)(1)(J)	None.[6] [13]
Mortgage-backed securities	5(c)(1)(R)	None.[6]
National Housing Partnership Corporation and related partnerships and joint ventures.	5(c)(1)(N)	None.[6]
New markets venture companies	5(c)(4)(F)	5% of total capital.
Nonconforming loans	5(c)(3)(B)	5% of total assets.
Nonresidential real property loans	5(c)(2)(B)	400% of total capital.[14]
Open-end management investment companies [15].	5(c)(1)(Q)	None.[6]

LENDING AND INVESTMENT POWERS CHART—Continued

Category	Statutory authorization [1]	Statutory investment limitations (Endnotes contain applicable regulatory limitations)
Service corporations	5(c)(4)(B)	3% of total assets, as long as any amounts in excess of 2% of total assets further community, inner city, or community development purposes.[16]
Small business investment companies	15 U.S.C. 682(b)(2)	5% of total capital.
Small-business-related securities	5(c)(1)(S)	None.[6]
State and local government obligations	5(c)(1)(H)	None for general obligations. Per issuer limitation of 10% of capital for other obligations.[6] [17]
State housing corporations	5(c)(1)(P)	None.[6] [18]
Transaction account loans, including overdrafts.	5(c)(1)(A)	None.[6] [19]

Endnotes

1. All references are to section 5 of the Home Owners' Loan Act (12 U.S.C. 1464) unless otherwise indicated.

2. For purposes of determining a Federal savings association's percentage of assets limitation, investment in commercial paper and corporate debt securities must be aggregated with the Federal savings association's investment in consumer loans.

3. A Federal savings association may invest in commercial paper and corporate debt securities, which includes corporate debt securities convertible into stock, subject to the provisions of § 560.40. Amounts in excess of 30% of assets, in the aggregate, may be invested only in obligations purchased by the association directly from the original obligor and for which no finder's or referral fees have been paid.

4. The 2% of assets limitation is a sublimit for investments within the overall 5% of assets limitation on community development loans and investments. The qualitative standards for such loans and investments are set forth in HOLA section 5(c)(3)(A) (formerly 5(c)(3)(B), as explained in an opinion of the OTS Chief Counsel dated May 10, 1995 (available at www.ots.treas.gov)).

5. Amounts in excess of 30% of assets, in the aggregate, may be invested only in loans made by the association directly to the original obligor and for which no finder's or referral fees have been paid. A Federal savings association may include loans to dealers in consumer goods to finance inventory and floor planning in the total investment made under this section.

6. While there is no statutory limit on certain categories of loans and investments, including credit card loans, home improvement loans, education loans, and deposit account loans, OTS may establish an individual limit on such loans or investments if the association's concentration in such loans or investments presents a safety and soundness concern.

7. A Federal savings association may engage in leasing activities subject to the provisions of § 560.41.

8. This 1% of assets limitation applies to the aggregate outstanding investments made under the Foreign Assistance Act and in the capital of the Inter-American Savings and Loan Bank. Such investments may be made subject to the provisions of § 560.43.

9. A home (or residential) loan includes loans secured by one-to-four family dwellings, multi-family residential property, and loans secured by a unit or units of a condominium or housing cooperative.

10. A Federal savings association may make home loans subject to the provisions of §§ 560.33, 560.34, and 560.35.

11. Loans secured by savings accounts and other time deposits may be made without limitation, provided the Federal savings association obtains a lien on, or a pledge of, such accounts. Such loans may not exceed the withdrawable amount of the account.

12. A Federal savings association may only invest in these loans if they are secured by obligations of, or by obligations fully guaranteed as to principal and interest by, the United States or any of its agencies or instrumentalities, the borrower is a financial institution insured by the Federal Deposit Insurance Corporation or is a broker or dealer registered with the Securities and Exchange Commission, and the market value of the securities for each loan at least equals the amount of the loan at the time it is made.

13. If the wheels and axles of the manufactured home have been removed and it is permanently affixed to a foundation, a loan secured by a combination of a manufactured home and developed residential lot on which it sits may be treated as a home loan.

14. Without regard to any limitations of this part, a Federal savings association may make or invest in the fully insured or guaranteed portion of nonresidential real estate loans insured or guaranteed by the Economic Development Administration, the Farmers Home Administration, or the Small Business Administration. Unguaranteed portions of guaranteed loans must be aggregated with uninsured loans when determining an association's compliance with the 400% of capital limitation for other real estate loans.

15. This authority is limited to investments in open-end management investment companies that are registered with the Securities and Exchange Commission under the Investment Company Act of 1940. The portfolio of the investment company must be restricted by the company's investment policy (changeable only if authorized by shareholder vote) solely to investments that a Federal savings association may, without limitation as to percentage of assets, invest in, sell, redeem, hold, or otherwise deal in. Separate and apart from this authority, a Federal savings association may make pass-through investments to the extent authorized by § 560.32.

16. A Federal savings association may invest in service corporations subject to the provisions of part 559 of this chapter.

17. This category includes obligations issued by any state, territory, or possession of the United States or political subdivision thereof (including any agency, corporation, or instrumentality of a state or political subdivision), subject to § 560.42.

18. A Federal savings association may invest in state housing corporations subject to the provisions of § 560.121.

19. Payments on accounts in excess of the account balance (overdrafts) on commercial deposit or transaction accounts shall be considered commercial loans for purposes of determining the association's percentage of assets limitation.

6. Revise 560.36 to read as follows:

§ 560.36 De minimis investments.

A Federal savings association may invest in the aggregate up to the greater of 1% of its total capital or $250,000 in community development investments of the type permitted for a national bank under 12 CFR part 24.

7. Amend § 560.40 by adding the words ''as to the portion of the security in which the association is investing'' after ''categories'' in § 560.40(a)(2)(ii) and by adding § 560.40(c) to read as follows:

§ 560.40 Commercial paper and corporate debt securities.

* * * * *

(c) *Underwriting.* Before committing to acquire any investment security, a Federal savings association must determine whether the investment is safe and sound and suitable for the association. The Federal savings association must consider, as appropriate, the interest rate, credit, liquidity, price, transaction, and other risks associated with the investment activity. The Federal savings association must also determine that the issuer has adequate resources and the willingness to provide for all required payments on its obligations in a timely manner.

8. Revise 560.42 to read as follows:

§ 560.42 State and local government obligations.

(a) *What limitations apply?* Pursuant to HOLA section 5(c)(1)(H), a Federal savings association (''you'') may invest in obligations issued by any state, territory, possession, or political subdivision thereof (''governmental entity''), subject to appropriate underwriting and the following conditions:

	Aggregate limitation	Per-issuer limitation
(1) General obligations	None	None.
(2) Other obligations of a governmental entity (e.g., revenue bonds) that hold one of the four highest investment grade ratings by a nationally recognized rating agency or that are nonrated but of investment quality.	None 10% of total capital	10% of total capital.
(3) Obligations of a governmental entity that do not qualify under any other paragraph but by your Regional Director	As approved by your Regional Director.	As approved 10% of total capital.

(b) *What is a political subdivision? Political subdivision* means a county, city, town, or other municipal corporation, a public authority, or a publicly-owned entity that is an instrumentality of a state or a municipal corporation.

(c) *What is a general obligation of a state or political subdivision?* A *general obligation* is an obligation that is guaranteed by the full faith and credit of a state or political subdivision that has the power to tax. Indirect payments, such as through a special fund, may qualify as general obligations if a state or political subdivision with taxing authority has unconditionally agreed to provide funds to cover payments.

(d) *What is appropriate underwriting for this type of investment?* In the case of a security rated in one of the four highest investment grades by a nationally recognized rating agency, your assessment of the obligor's credit quality may be based, in part, on reliable rating agency estimates of the obligor's performance. For all other securities, you must perform your own detailed analysis of credit quality. In doing so, you must consider, as appropriate, the interest rate, credit, liquidity, price, transaction, and other risks associated with the investment activity and determine that such investment is appropriate for your institution. You must also determine that the obligor has adequate resources and willingness to provide for all required payments on its obligations in a timely manner.

Dated: October 25, 2001.

By the Office of Thrift Supervision.

Ellen Seidman,

Director.

[FR Doc. 01–27329 Filed 10–31–01; 8:45 am]

BILLING CODE 6720–01–P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 39

[Docket No. 98–ANE–61–AD]

RIN 2120–AA64

Airworthiness Directives; Pratt & Whitney PW2000 Series Turbofan Engines

AGENCY: Federal Aviation Administration, DOT.

ACTION: Notice of proposed rulemaking (NPRM).

SUMMARY: The Federal Aviation Administration (FAA) proposes to supersede an existing airworthiness directive (AD), that is applicable to Pratt & Whitney (PW) PW2000 series turbofan engines. That AD currently requires revisions to the engine manufacturer's time limits section (TLS) to include enhanced inspection of selected critical life-limited parts at each piece-part exposure. This proposal would modify the airworthiness limitations section of the manufacturer's manual and an air carrier's approved continuous airworthiness maintenance program to incorporate additional inspection requirements. An FAA study of in-service events involving uncontained failures of critical rotating engine parts has indicated the need for mandatory inspections. The mandatory inspections are needed to identify those critical rotating parts with conditions, which if allowed to continue in service, could result in uncontained failures. The actions specified by this proposed AD are intended to prevent critical life-limited rotating engine part failure, which could result in an uncontained engine failure and damage to the airplane.

DATES: Comments must be received by December 31, 2001.

ADDRESSES: Submit comments in triplicate to the Federal Aviation Administration (FAA), New England Region, Office of the Regional Counsel, Attention: Rules Docket No. 98–ANE–61–AD, 12 New England Executive Park, Burlington, MA 01803–5299. Comments may be inspected at this location, by appointment, between 8:00 a.m. and 4:30 p.m., Monday through Friday, except Federal holidays. Comments may also be sent via the Internet using the following address: ''9-ane-adcomment@faa.gov.'' Comments sent via the Internet must contain the docket number in the subject line.

FOR FURTHER INFORMATION CONTACT: Jason Yang, Aerospace Engineer, Engine Certification Office, FAA, Engine and Propeller Directorate, 12 New England Executive Park, Burlington, MA 01803–5299; telephone (781) 238–7747, fax (781) 238–7199.

SUPPLEMENTARY INFORMATION:

Comments Invited

Interested persons are invited to participate in the making of the proposed rule by submitting such written data, views, or arguments as they may desire. Communications should identify the Rules Docket number and be submitted in triplicate to the address specified above. All communications received on or before the closing date for comments, specified above, will be considered before taking action on the proposed rule. The proposals contained in this action may be changed in light of the comments received.

Comments are specifically invited on the overall regulatory, economic, environmental, and energy aspects of the proposed rule. All comments submitted will be available, both before and after the closing date for comments, in the Rules Docket for examination by interested persons. A report summarizing each FAA-public contact concerned with the substance of this proposal will be filed in the Rules Docket.

Commenters wishing the FAA to acknowledge receipt of their comments submitted in response to this action must submit a self-addressed, stamped postcard on which the following statement is made: ''Comments to Docket Number 98–ANE–61–AD.'' The postcard will be date stamped and returned to the commenter.

Availability of NPRM's

Any person may obtain a copy of this NPRM by submitting a request to the FAA, New England Region, Office of the Regional Counsel, Attention: Rules Docket No. 98–ANE–61–AD, 12 New England Executive Park, Burlington, MA 01803–5299.

Discussion

On October 12, 2000, the FAA issued airworthiness directive (AD) 2000–21–09, Amendment 39–11941 (65 FR 65730, November 2, 2000), to require revisions to the Time Limits Section (TLS) of the PW 2000 Turbofan Engine Manual to include required enhanced inspection of selected critical life-limited parts at each piece-part exposure.

New Inspection Procedures

Since the issuance of that AD, an FAA study of in-service events involving uncontained failures of critical rotating engine parts has indicated the need for additional mandatory inspections. The mandatory inspections are needed to identify those critical rotating parts with conditions, which if allowed to continue in service, could result in uncontained failures. This proposal would modify the time limitations section of the manufacturer's manual and an air carrier's approved continuous airworthiness maintenance program to incorporate the additional inspection requirements.

FAA's Determination of an Unsafe Condition and Proposed Actions

Since an unsafe condition has been identified that is likely to exist or develop on other Pratt & Whitney (PW) PW2000 series turbofan engines of the same type design, the proposed AD would supersede AD 2000–21–09 to add additional critical life-limited parts for enhanced inspection at each piece-part opportunity.

Economic Analysis

The FAA estimates that 724 engines installed on airplanes of U.S. registry would be affected by this proposed AD, that it would take approximately 20 work hours per engine to perform the enhanced inspection. The average labor rate is $60 per work hour. The cost impact of the added inspections per engine is approximately $1,200 per year, with the approximate total cost for the U.S. fleet of $868,800 per year.

Regulatory Analysis

This proposed rule does not have federalism implications, as defined in Executive Order 13132, because it would not have a substantial direct effect on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government. Accordingly, the FAA has not consulted with state authorities prior to publication of this proposed rule.

For the reasons discussed above, I certify that this proposed regulation (1) is not a ''significant regulatory action'' under Executive Order 12866; (2) is not a ''significant rule'' under the DOT Regulatory Policies and Procedures (44 FR 11034, February 26, 1979); and (3) if promulgated, will not have a significant economic impact, positive or negative, on a substantial number of small entities under the criteria of the Regulatory Flexibility Act. A copy of the draft regulatory evaluation prepared for this action is contained in the Rules Docket. A copy of it may be obtained by contacting the Rules Docket at the location provided under the caption **ADDRESSES**.

List of Subjects in 14 CFR Part 39

Air transportation, Aircraft, Aviation safety, Safety.

The Proposed Amendment

Accordingly, pursuant to the authority delegated to me by the Administrator, the Federal Aviation Administration proposes to amend part 39 of the Federal Aviation Regulations (14 CFR part 39) as follows:

PART 39—AIRWORTHINESS DIRECTIVES

1. The authority citation for part 39 continues to read as follows:

Authority: 49 U.S.C. 106(g), 40113, 44701.

§ 39.13 [Amended]

2. Section 39.13 is amended by removing Amendment 39–11941, (65 FR 65730 November 2, 2000), and by adding a new airworthiness directive:

Pratt & Whitney: Docket No. 98–ANE–61–AD. Supersedes AD 2000–21–09, Amendment 39–11941.

Applicability

This airworthiness directive (AD) is applicable to Pratt & Whitney (PW) PW2037, PW2040, PW2037M, PW2240, PW2337, PW2043, PW2643, and PW2143, series turbofan engines, installed on but not limited to Boeing 757 series and Ilyushin IL–96T series airplanes.

Note 1: This AD applies to each engine identified in the preceding applicability provision, regardless of whether it has been modified, altered, or repaired in the area subject to the requirements of this AD. For engines that have been modified, altered, or repaired so that the performance of the requirements of this AD is affected, the owner/operator must request approval for an alternative method of compliance in accordance with paragraph (c) of this AD. The request should include an assessment of the effect of the modification, alteration, or repair on the unsafe condition addressed by this AD; and, if the unsafe condition has not been eliminated, the request should include specific proposed actions to address it.

Compliance

Required as indicated, unless already done.

To prevent critical life-limited rotating engine part failure, which could result in an uncontained engine failure and damage to the airplane, accomplish the following:

(a) Within 30 days after the effective date of this AD, revise the manufacturer's Time Limits section (TLS) of the manufacturer's engine manual, as appropriate for PW PW2037, PW2040, PW2037M, PW2240, PW2337, PW2043, PW2643, and PW2143 series turbofan engines, and for air carriers revise the approved continuous airworthiness maintenance program, by adding the following:

''MANDATORY INSPECTIONS

(1) Perform inspections of the following parts at each piece-part opportunity in accordance with the instructions provided in PW2000 Engine Manuals 1A6231 and 1B2412:

Nomenclature	Part No.	EM manual section	Inspection/ check
Hub, HPC Front	ALL	72–35–02	−05
Disk, HPC Drum Rotor Assembly (7–15)	ALL	72–35–03	−04
Disk, HPC Drum Rotor Assembly (16–17)	ALL	72–35–10	−05
Disk, HPC 16th Stage	ALL	72–35–06	−04
Disk, HPC 17th Stage	ALL	72–35–07	−04

Nomenclature	Part No.	EM manual section	Inspection/ check
LPC Drive Turbine Shaft	ALL	72–32–01	–06
Hub, Turbine Rear	ALL	72–53–81	–06
Disk, LPT 3rd Stage	ALL	72–53–31	–01
Disk, LPT 4th Stage	ALL	72–35–41	–01
Disk, LPT 5th Stage	ALL	72–32–51	–01
Disk, LPT 6th Stage	ALL	72–53–61	–01
Disk, LPT 7th Stage	ALL	72–53–71	–01

(2) For the purposes of these mandatory inspections, piece-part opportunity means:

(i) The part is considered completely disassembled when done in accordance with the disassembly instructions in the manufacturer's engine manual to either part number level listed in the table above, and

(ii) The part has accumulated more than 100 cycles in service since the last piece-part opportunity inspection, provided that the part was not damaged or related to the cause for its removal from the engine.''

(b) Except as provided in paragraph (e) of this AD, and notwithstanding contrary provisions in § 43.16 of Federal Aviation Regulations (14 CFR 43.16), these enhanced inspections must be performed only in accordance with the TLS of the appropriate PW2000 series engine manuals.

Alternative Methods of Compliance

(c) An alternative method of compliance or adjustment of the compliance time that provides an acceptable level of safety may be used if approved by the Manager, Engine Certification Office (ECO). Operators must submit their requests through an appropriate FAA Principal Maintenance Inspector (PMI), who may add comments and then send it to the Manager, ECO.

Note 2: Information concerning the existence of approved alternative methods of compliance with this airworthiness directive, if any, may be obtained from the ECO.

Special Flight Permits

(d) Special flight permits may be issued in accordance with §§ 21.197 and 21.199 of the Federal Aviation Regulations (14 CFR 21.197 and 21.199) to operate the aircraft to a location where the requirements of this AD can be accomplished.

(e) FAA-certificated air carriers that have an approved continuous airworthiness maintenance program in accordance with the record keeping requirement of § 121.369(c) of the Federal Aviation Regulations [14 CFR 121.369(c)] of this chapter must maintain records of the mandatory inspections that result from revising the Time Limits section of the Instructions for Continuous Airworthiness (ICA) and the air carrier's continuous airworthiness program. Alternatively, certificated air carriers may establish an approved system of record retention that provides a method for preservation and retrieval of the maintenance records that include the inspections resulting from this AD, and include the policy and procedures for implementing this alternate method in the air carrier's maintenance manual required by § 121.369(c) of the Federal Aviation Regulations [14 CFR 121.369(c)]; however, the alternate system must be accepted by the appropriate PMI and require the maintenance records be maintained either indefinitely or until the work is repeated. Records of the piece-part inspections are not required under § 121.380(a)(2)(vi) of the Federal Aviation Regulations [14 CFR 121.380(a)(2)(vi)]. All other Operators must maintain the records of mandatory inspections required by the applicable regulations governing their operations.

Issued in Burlington, Massachusetts, on October 25, 2001.

Robert Mann,

Acting Manager, Engine and Propeller Directorate, Aircraft Certification Service.

[FR Doc. 01–27432 Filed 10–31–01; 8:45 am]

BILLING CODE 4910–13–U

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

18 CFR Part 35

[Docket No. RM02–1–000]

Standardizing Generator Interconnection Agreements and Procedures Advance Notice of Proposed Rulemaking

October 25, 2001.

AGENCY: Federal Energy Regulatory Commission, DOE.

ACTION: Advance notice of proposed rulemaking.

SUMMARY: The Federal Energy Regulatory Commission (Commission) seeks comments on a standard generator interconnection agreement and procedures that would be applicable to all public utilities that own, operate or control transmission facilities under the Federal Power Act.

DATES: Written comments must be received by the Commission by December 21, 2001.

ADDRESSES: Office of the Secretary, Federal Energy Regulatory Commission, 888 First Street, NE., Washington, DC 20426.

FOR FURTHER INFORMATION CONTACT:

David Faerberg (Legal Information), Office of the General Counsel, Federal Energy Regulatory Commission, 888 First Street, NE., Washington, DC 20426, (202) 208–1275.

Patrick Rooney (Technical Information), Office of Market, Tariffs and Rates, Federal Energy Regulatory Commission, 888 First Street, NE., Washington, DC 20426, (202) 501–5546.

Roland Wentworth (Technical Information), Office of Market, Tariffs and Rates, Federal Energy Regulatory Commission, 888 First Street, NE., Washington, DC 20426, (202) 208–1288.

SUPPLEMENTARY INFORMATION: The Federal Energy Regulatory Commission (Commission) intends to adopt a standard generator interconnection agreement and procedures that would be applicable to all public utilities that own, operate or control transmission facilities under the Federal Power Act. As discussed more fully below, the Commission requests comments on these contractual provisions and procedures. After receiving and considering these comments, the Commission will issue a notice of proposed rulemaking (NOPR).

I. Background

In Order No. 888,[1] the Commission mandated that public utilities provide non-discriminatory or comparable open access transmission service. Order No. 888 also established standardized terms and conditions for public utility-provided transmission service, *i.e.*, a *pro forma* transmission tariff.

However, Order No. 888 does not directly address generator interconnections, which are implicitly included as a part of transmission service. In *Tennessee Power Company*

[1] Promoting Wholesale Competition Through Open Access Nondiscriminatory Transmission Services by Public Utilities; Recovery of Stranded Costs by Public Utilities and Transmitting Utilities, Order No. 888, FERC Stats. & Regs. ¶ 31,036 (1996), *clarified*, 76 FERC ¶ 61,009 and 76 FERC ¶ 61,347 (1996), *on reh'g*, Order No. 888–A, FERC Stats. & Regs. ¶ 31,048, *clarified*, 79 FERC ¶ 61,182 (1997), *on reh'g*, Order No. 888–C, 82 FERC ¶ 61,046 (1998), *aff'd sub nom.* Transmission Access Policy Study Group v. FERC, 225 F.3d 667 (D.C. Cir. 2000), *cert. granted in part and denied in part*, 69 U.S.L.W. 3574 (U.S. Feb. 26, 2001).

(Tennessee),[2] the Commission held that interconnection service is an element of transmission service, that customers have the right to request interconnection separately from the delivery component of transmission service, and that interconnection must be offered under the terms of the *pro forma* tariff. The Commission has also held that customers have the right to request the transmission provider to file an unexecuted interconnection agreement if a dispute cannot be quickly resolved.[3]

Although a number of parties have requested that the Commission initiate a generic proceeding or industry collaboration to address interconnection concerns, the Commission until now has declined to do so. In addressing these requests, the Commission encouraged utilities to revise their open access transmission tariffs (OATTs) to include procedures for requesting interconnections services and the criteria for evaluating those requests. The Commission has also stated that because a regional transmission organization (RTO) will administer its *pro forma* tariff, it was the Commission's hope that compliance with the RTO rulemaking in Order No. 2000[4] would eliminate concerns about interconnection procedures.

Consistent with the Commission's encouragement, a number of transmission providers have filed interconnection procedures as part of their *pro forma* tariffs.[5] Some of these providers have filed *pro forma* interconnection agreements, while others have submitted only procedures explaining how interconnection requests will be processed.

While there have been a number of positive developments with respect to interconnection procedures, the Commission recognizes that there is still dissatisfaction and uncertainty with existing interconnection policy and procedures that may have resulted in less investment in infrastructure and less confidence in the competitiveness of the markets. In a number of contexts, the Commission has received comments from both generators and transmission providers concerning existing interconnection policy and procedures.

Generators assert, among other things, that (1) there is difficulty in securing interconnection without requesting delivery, (2) the treatment they receive is not comparable to the treatment received by the transmission provider's own generation, (3) system upgrade costs charged to generators are sometimes not related to the interconnection, (4) there are delays and uncertainty due to the lack of binding commitments and firm deadlines in transmission providers' *pro forma* tariffs, and (5) there is a lack of transparency of transmission information needed to make an independent assessment of the impact of an interconnection request.

On the other hand, transmission providers argue that they need (1) minimum commitments from generators seeking to interconnect prior to performing studies to weed out those who will likely never interconnect, resulting in a more manageable and realistic queue, (2) assurance that their control area will benefit from, or at least not be burdened by, adding generators, particularly when the new generator seeks to locate on one system but serve load on another, and (3) improved communication between the generators and the loads they serve.

II. Discussion

Generator interconnection is a critical aspect of open access transmission service. In order to fully realize the benefits of open access transmission service, interconnection procedures must be established that will encourage needed investment in infrastructure, remove incentives for transmission providers to favor their own generation, ease entry for competitors, and encourage efficient siting decisions. In the Commission's view, standard interconnection procedures are essential for providing the right incentives for both transmission providers and generators. Accordingly, the Commission intends to adopt a standard generator interconnection agreement and procedures that would be applicable to all public utilities that own, operate or control transmission facilities under the Federal Power Act.

The Commission is considering basing the standard interconnection agreement and procedures on the Standard Generator Interconnection Agreement and Generation Interconnection Procedure of the Electric Reliability Council of Texas (ERCOT),[6] as supplemented and modified by the various ''best practices'' that have been identified by the Commission in Attachment A to this order. (References in the ERCOT Agreement and Procedure to the Public Utility Commission of Texas should be generally understood for purposes of this ANOPR as references to FERC). These ''best practices'' are based, in part, on generator interconnection agreements and procedures that have been approved by the Commission in past cases. For purposes of commenting in this proceeding, assume that our current pricing policy as reflected in Attachment B is in effect. However, commenters should not interpret this as an indicator of our preference for a long-term pricing policy. Cost responsibility and pricing will be addressed in a subsequent rulemaking.

Commenters advocating a standard agreement and procedures other than the ERCOT model as supplemented and modified by the ''best practices'' in Attachment A should specify in detail how their proposals differ from the foregoing and are superior to or more appropriate than the proposal herein. Any approaches suggested by commenters must be in the public interest by promoting competition and economic efficiency .

The Commission strongly encourages interested persons to pursue consensus on these issues through procedures that will be initiated through a separate notice. As part of these procedures and separate from comments on this ANOPR, by December 14, 2001, participants will be required to file a single document reflecting as much consensus as possible on a standard generator interconnection agreement and procedures as well as pros and cons on issues where consensus was not reached. Any consensus reached among all interested persons will be the foundation for the subsequent NOPR, to the extent consistent with the Commission's statutory responsibility and the guidance above. Issues not resolved by consensus among all interested persons will be addressed in the subsequent NOPR consistent with this and the preceding paragraph.

III. Comment Procedures

The Commission invites interested persons to submit comments, data, views and other information concerning matters set out in this notice.

To facilitate the Commission's review of the comments, commenters are requested to provide an executive

[2] 90 FERC ¶ 61,238 (2000), *order on reh'g*, 91 FERC 61,271 (2000).

[3] *See, e.g.*, American Electric Power Service Corporation, 91 FERC ¶ 61,308 (2000); Commonwealth Edison Company, *et al.*, 92 FERC ¶ 61,018 (2000).

[4] Regional Transmission Organizations, Order No. 2000, FERC Stats. & Regs. ¶ 31,089 (1999), *order on reh'g*, Order No. 2000–A, FERC Stats. & Regs. ¶ 31,092 (2000), *petitions for review pending sub nom.* Public Utility District No. 1 of Snohomish County, Washington v. FERC, Nos. 00–1174, *et al.*

[5] *See, e.g.*, American Electric Power Service Corp., 91 FERC ¶ 61,308 (2000); Southwest Power Pool, Inc., 92 FERC ¶ 61,109 (2000); Carolina Power & Light Company, 93 FERC ¶ 61,032 (2000); Virginia Electric and Power Co., 93 FERC 61,307 (2000); Consumers Energy Co., 93 FERC ¶ 61,339 (2000).

[6] The ERCOT agreement and procedures are attached as Appendix A to this order.

summary of their position on the issues raised in the Advance Notice of Proposed Rulemaking (ANOPR). Commenters are requested to identify each specific issue posed by the ANOPR that their discussion addresses and to use appropriate headings. Additional issues the commenters wish to raise should be identified separately. The commenters should double-space their comments.

Comments may be filed on paper or electronically via the Internet and must be received by the Commission by December 21, 2001. Those filing electronically do not need to make a paper filing. For paper filings, the original and 14 copies of such comments should be submitted to the Office of the Secretary, Federal Energy Regulatory Commission, 888 First Street, NE., Washington DC 20426 and should refer to Docket No. RM02–1–000.

Comments filed via the Internet must be prepared in WordPerfect, MS Word, Portable Document Format, or ASCII format. To file the document, access the Commission's website at *www.ferc.gov* and click on ''e-Filing,'' and then follow the instructions for each screen. First time users will have to establish a user name and password. The Commission will send an automatic acknowledgment to the sender's E-Mail address upon receipt of comments.

User assistance for electronic filing is available at 202–208–0258 or by E-Mail to *efiling@ferc.fed.us*. Comments should not be submitted to the E-Mail address. All comments will be placed in the Commission's public files and will be available for inspection in the Commission's Public Reference Room at 888 First Street, NE., Washington DC 20426, during regular business hours. Additionally, all comments may be viewed, printed, or downloaded remotely via the Internet through FERC's Homepage using the RIMS link. User assistance for RIMS is available at 202–208–2222, or by E-mail to *RimsMaster@ferc.fed.us*.

IV. Document Availability

The Commission provides all interested persons an opportunity to view and/or print the contents of this document via the Internet through FERC's Home Page (*http://www.ferc.gov*) and in FERC's Public Reference Room during normal business hours (8:30 a.m. to 5:00 p.m. Eastern time) at 888 First Street, NE., Room 2A, Washington, DC 20426. This document will be published in the **Federal Register** without the ERCOT Standard Generator Interconnection Agreement and Generation Interconnection Procedure. Those documents can be viewed in the Public Reference Room or via the internet at *http://www.ferc.gov/electric/gen_inter.htm*.

From FERC's Home Page on the Internet, this information is available in both the Commission Issuance Posting System (CIPS) and the Records and Information Management System (RIMS).

—CIPS provides access to the texts of formal documents issued by the Commission since November 14, 1994.

—CIPS can be accessed using the CIPS link or the Energy Information Online icon. The full text of this document is available on CIPS in ASCII and WordPerfect 8.0 format for viewing, printing, and/or downloading.

—RIMS contains images of documents submitted to and issued by the Commission after November 16, 1981. Documents from November 1995 to the present can be viewed and printed from FERC's Home Page using the RIMS link or the Energy Information Online icon. Descriptions of documents back to November 16, 1981, are also available from RIMS-on-the-Web; requests for copies of these and other older documents should be submitted to the Public Reference Room.

User assistance is available for RIMS, CIPS, and the Website during normal business hours from our Help line at (202) 208–2222 (E–Mail to *WebMaster@ferc.fed.us*) or the Public Reference at (202) 208–1371 (E–Mail to *public.referenceroom@ferc.fed.us*).

During normal business hours, documents can also be viewed and/or printed in FERC's Public Reference Room, where RIMS, CIPS, and the FERC Website are available. User assistance is also available.

By direction of the Commission.

David P. Boergers,

Secretary.

Attachment A—Best Practices

The items discussed in this attachment are intended to be additions or modifications to the ERCOT Interconnection Procedures.

1. Comparable Treatment

Transmission Providers who are also load serving entities are currently permitted to reserve (set aside) transmission capacity for use by future network resources to meet projected load growth. Under the new interconnection procedures, other suppliers such as merchant plants will be allowed to be competing network resources for meeting load and load growth without having to be selected as a designated network resource at the time of interconnection.

2. Generators Must Be Offered Multiple Interconnection Products [7]

Energy Resource: If the Generator elects to become an energy resource, it will be permitted to connect to the Transmission Provider's system and deliver the generating facility's output using the existing capacity of the transmission system on an ''as available'' basis. The Transmission Provider must conduct the necessary studies and construct minimal network facilities needed to allow the Generator to interconnect its facility to the grid and deliver the output on an ''as available'' basis.

Capacity Resource: The Transmission Provider must conduct the necessary studies and construct the network facilities needed to integrate the Generators's facility in a manner comparable to that in which the Transmission Provider integrates its generating facilities to serve native load customers.

3. Exemptions

Small generators (20 MW and below), including those owned by Transmission Providers or their affiliates, will be exempt from paying for interconnection studies or network upgrades. Interconnection of generating facilities of this size will not materially affect the Transmission Provider's system. The Transmission Provider will have streamlined procedures in place for administering interconnection requests from small generators (*e.g.,* only conducting a feasibility study at no charge to determine the minimal facilities necessary to accommodate the request).

4. Queuing

If requests are processed on an individual basis, the initial queue position for all interconnection requests will be based on the date that the Transmission Provider receives the request. If requests are processed jointly, the initial queue protocol may be modified. The interconnection procedures will set forth reasonable milestones and requirements which the Generator must meet to retain its position in the queue. In addition to the time line procedures listed in Section 7 of this attachment, if the Generator misses any stipulated milestones or requirements (*i.e.*, milestones tied to obtaining necessary application and

[7] The definitions are adapted from those used by PJM. See *PJM Interconnection L.L.C.*, 87 FERC ¶ 61,299 (1999).

governmental approvals to show the project is on track) it will be given 10 working days to correct any deficiencies or lose its place in the queue (unless the Generator can reasonably demonstrate that extraordinary circumstances prevented it from meeting the deadlines). A Generator will also risk losing its queue position if material changes are made to the initial request (*e.g.*, substantially revising the size or configuration of the facility).

5. Deposits

Generators will be responsible for the costs of all required studies. Generators will be required to submit a $2,000 non-refundable deposit at the time it submits the initial interconnection request; a $10,000 non-refundable deposit and demonstration that it has applied for necessary permits before any feasibility studies commence; a $50,000 deposit if the Transmission Provider is asked to proceed with a System Impact Study (with any amount over the actual study costs refundable); and a $100,000 if the Transmission Provider is asked to proceed with a Facilities Study (with any amount over the actual study costs refundable).

6. Generator Siting

Transmission Providers will post on their web site what, in their view, are the optimal and non-optimal sites on their system for locating prospective generating facilities. Transmission Providers need to identify areas where, for example, due to load growth, siting would require minimal network upgrades. Also, the Transmission Provider should identify areas where, for example, due to transmission constraints, significant network upgrades would be required, and the expected delay before such upgrades will be made.

7. Project Time Lines

The time lines associated with the construction of both Generator's and Transmission Provider's interconnection facilities must be the same. At the Transmission Provider's option, System Impact Studies may be conducted in response to individual requests or, alternatively, all requests received may be studied jointly every six months (e.g., June 30th and December 31st) during the year. If the latter approach is taken, the study completion date would become 90 days after the joint study commencement date.

Review Interconnection Request and Acknowledgment: Within 5 business days.

Perform Initial Feasibility Study: Within 30 business days of receipt of acknowledgment of request.

System Impact Study Agreement Tendered to Generator: Within 15 days of completed study.

Executed System Impact Study Agreement: Within 15 business days of receipt of System Impact Study Agreement.

Completed System Impact Study: Within 60 days of receipt of Executed Agreement.[8]

Facilities Study Agreement Tendered to Generator: Within 30 days of completed System Impact Study.

Executed Facilities Study Agreement Filed: Within 15 days of receipt of Facilities Study Agreement.

Perform Facilities Study: Within 60 days of receipt of Executed Agreement.

Execute or Request Filing of Unexecuted Interconnection Agreement: Within 30 days of receipt of Facilities Study.

Attachment B— Pricing

1. Interconnection Facilities: Direct Assignment

Interconnection Facilities are defined as all facilities needed to establish the direct electrical interconnection between the Generator's facility and the Transmission Provider's network. The Generator is obligated to pay for 100 percent of the cost of all the interconnection facilities.

2. Network Facilities

Network Facilities are defined as all facilities from the point where the generator connects to the grid, including facilities necessary to remedy short-circuit and stability problems. As discussed further below, the costs of these facilities will be borne initially by the Generator and will be credited back to the generator that funded them (including the time value of money) through payments for transmission service.

3. Credits To Follow Transmission Service

In general, the Generator will be required to pay up front for any network upgrades that would not be needed ''but for'' the interconnecting customer. Generators will then be entitled to a credit, to be applied through future transmission rates, for any such costs that they are required to bear. The transmission rates through which this credit will be applied will include rates for all transmission service utilized by the Generator after the date of the interconnection. Such service will include not only new point to point service taken by the Generator from the location of its new facility, but also any other transmission service taken by that Generator from the Transmission Provider. In addition, the credit will be applied to the rates for any transmission service, including both point to point and network service, used by loads to deliver the output of the new facility to their location.

4. Time Value for Network Upgrade Costs

Generators will be entitled to receive interest on the outstanding balance of network upgrade costs that they are required to bear. Interest will be calculated annually consistent with 18 CFR 35.19a(a)(2) of the Commission's Regulations.

[8] Applies only if Transmission Provider elects to conduct studies on an individual basis.

[FR Doc. 01–27438 Filed 10–31–01; 8:45 am]
BILLING CODE 6717–01–P

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 52

[Dockets: OR 68–7283b, OR 37–2–6301b, and OR 37–1–6301b; FRL–7035–7]

Approval and Promulgation of Implementation Plans; OR

AGENCY: Environmental Protection Agency (EPA).

ACTION: Proposed rule.

SUMMARY: EPA is proposing to approve most but not all of the State Implementation Plan (SIP) revisions submitted by the State of Oregon. This rulemaking proposes to approve most provisions of the Oregon Visibility State Implementation Plan (SIP) submitted August 26, 1993, smoke management provisions submitted on August 26, 1993, revisions to the Oregon field burning program submitted July 3, 1997, and the amendments to the Smoke Management Plan for the Blue Mountains submitted September 27, 1995. We are proposing a combined action on these separate submissions because they address or are affected by the control of particulate matter from area sources, specifically smoke from field burning and smoke from forestry burning. These rules are also linked through the Oregon Visibility SIP, which seeks to control visibility degradation through field burning programs and smoke management programs.

EPA is proposing to take no action on the provision which changes the review

period from three to five years in the Visibility rules.

In the Final Rules section of this **Federal Register**, the EPA is approving the Oregon SIP submittals as a direct final rule without prior proposal because the Agency views this as a noncontroversial submittal amendment and anticipates no adverse comments. A detailed rationale for the approval is set forth in the direct final rule. If no adverse comments are received in response to this action, no further activity is contemplated.

If the EPA receives adverse comments, the direct final rule will be withdrawn and all public comments received will be addressed in a subsequent final rule based on this proposed rule. The EPA will not institute a second comment period. Any parties interested in commenting on this action should do so at this time.

DATES: Written comments must be received on or before December 3, 2001.

ADDRESSES: Written comments should be addressed to, Steven K. Body, (OAQ–107), Office of Air Quality, at the EPA Regional Office listed below.

Copies of air quality data and other relevent information supporting this action are available for inspection during normal business hours at the following location: EPA, Office of Air Quality (OAQ–107), 1200 Sixth Avenue, Seattle, Washington 98101.

FOR FURTHER INFORMATION CONTACT: Steven K. Body, EPA, Office of Air Quality (OAQ–107), Seattle, Washington, (206) 553–0782.

SUPPLEMENTARY INFORMATION: For additional information, see the Direct Final rule which is located in the Rules section of this **Federal Register**.

Dated: July 23, 2001.

Ronald A. Kreizenbeck,

Acting Regional Administrator, Region 10.

[FR Doc. 01–27280 Filed 10–31–01; 8:45 am]

BILLING CODE 6560–50–P

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 52

[DC 050–2027b; FRL–7094–8]

Approval and Promulgation of Air Quality Implementation Plans; District of Columbia; Nitrogen Oxides Budget Trading Program

AGENCY: Environmental Protection Agency (EPA).

ACTION: Proposed rule.

SUMMARY: EPA proposes to approve the State Implementation Plan (SIP) revision submitted by the District of Columbia for the purpose of establishing a nitrogen oxides (NO_X) allowance trading program for large electric generating and industrial units, beginning in 2003. In the Final Rules section of this **Federal Register**, EPA is approving the District's SIP submittal as a direct final rule without prior proposal because the Agency views this as a noncontroversial submittal and anticipates no adverse comments. A detailed rationale for the approval is set forth in the direct final rule. If no adverse comments are received in response to this action, no further activity is contemplated. If EPA receives adverse comments, the direct final rule will be withdrawn and all public comments received will be addressed in a subsequent final rule based on this proposed rule. EPA will not institute a second comment period. Any parties interested in commenting on this action should do so at this time. Please note that if EPA receives adverse comment on an amendment, paragraph, or section of this rule and if that provision may be severed from the remainder of the rule, EPA may adopt as final those provisions of the rule that are not the subject of an adverse comment.

DATES: Comments must be received in writing by December 3, 2001.

ADDRESSES: Written comments should be mailed to David L. Arnold, Chief, Air Quality Planning and Information Services Branch, Mailcode 3AP21, U.S. Environmental Protection Agency, Region III, 1650 Arch Street, Philadelphia, Pennsylvania 19103. Copies of the documents relevant to this action are available for public inspection during normal business hours at the Air Protection Division, U.S. Environmental Protection Agency, Region III, 1650 Arch Street, Philadelphia, Pennsylvania 19103; and District of Columbia Department of Public Health, Air Quality Division, 51 N Street, NE., Washington, DC 20002.

FOR FURTHER INFORMATION CONTACT: Cristina Fernandez, (215) 814–2178, at the EPA Region III address above, or by e-mail at *fernandez.cristina@epa.gov.* Please note any comments on this rule must be submitted, in writing, as provided in the **ADDRESSES** section of this document.

SUPPLEMENTARY INFORMATION: On May 21, 2001, the Government of the District of Columbia, Department of Health submitted a revision to its SIP to address the requirements of the NO_X SIP Call Phase I. The revision consists of the adoption of Chapter 10—Nitrogen Oxides Budget Trading Program. For further information, please see the information provided in the direct final action, with the same title, that is located in the ''Rules and Regulations'' section of this **Federal Register** publication.

Dated: October 24, 2001.

Donald S. Welsh,

Regional Administrator, Region III.

[FR Doc. 01–27377 Filed 10–31–01; 8:45 am]

BILLING CODE 6560–50–P

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 70

[PA–T5–AC2001b; FRL–7093–2]

Clean Air Act Full Approval of Operating Permit Program; Allegheny County; PA

AGENCY: Environmental Protection Agency (EPA).

ACTION: Proposed rule.

SUMMARY: EPA proposes to approve a partial operating permit program for Allegheny County, Pennsylvania. This program will allow the Allegheny County Health Department (ACHD), located in the Commonwealth of Pennsylvania, to issue federally enforceable operating permits to all major stationary sources and certain other affected minor sources in its jurisdiction. The ACHD's operating permits program was submitted to EPA by the Commonwealth of Pennsylvania on behalf of Allegheny County. By this same rulemaking, EPA is also withdrawing its previously published notice of proposed rulemaking dated December 6, 1999. In the Final Rules section of this **Federal Register**, EPA is fully approving the partial operating permit program for Allegheny County, Pennsylvania as a direct final rule without prior proposal because the Agency views this as a noncontroversial submittal and anticipates no adverse comments. A detailed rationale for the approval is set forth in the direct final rule. If no adverse comments are received in response to this action, no further activity is contemplated. If EPA receives adverse comments, the direct final rule will be withdrawn and all public comments received will be addressed in a subsequent final rule based on this proposed rule. The EPA will not institute a second comment period. Any parties interested in commenting on this action should do so at this time.

DATES: Comments must be received in writing by December 3, 2001.

ADDRESSES: Comments are to be mailed to Makeba Morris, Chief, Permits and Technical Assessment Branch, Mailcode 3AP11, U.S. Environmental Protection Agency, Region III, 1650 Arch Street, Philadelphia, Pennsylvania 19103. Copies of the documents relevant to this action are available for public inspection during normal business hours at the Air Protection Division, U.S. Environmental Protection Agency, Region III, 1650 Arch Street, Philadelphia, Pennsylvania 19103 and the Allegheny County Health Department Bureau of Environmental Quality, Division of Air Quality, 301 39th Street, Pittsburgh, Pennsylvania 15201.

FOR FURTHER INFORMATION CONTACT: Linda Miller, Permits and Technical Assessment Branch at (215) 814–2068 or by e-mail at miller.linda@.epa.gov. Please note that comments on this proposed rule must be submitted, in writing, as indicated in the **ADDRESSES** section of this document.

SUPPLEMENTARY INFORMATION: For further information, please see the information provided in the direct final action, with the same title, that is located in the ''Rules and Regulations'' section of this **Federal Register** publication.

Dated: October 17, 2001.

James W. Newsom,

Acting Regional Administrator, Region III.

[FR Doc. 01–27282 Filed 10–31–01; 8:45 am]

BILLING CODE 6560–50–P

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 82

[FRL–7096–8]

RIN 2060–AJ81

Protection of Stratospheric Ozone: Allocation of Essential Use Allowances for Calendar Year 2002; and Extension of the De Minimis Exemption for Essential Laboratory and Analytical Uses through Calendar Year 2005

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice of proposed rulemaking.

SUMMARY: With this action, EPA is proposing to allocate essential-use allowances for import and production of class I stratospheric ozone depleting substances (ODSs) for calendar year 2002. Essential use allowances permit a person to obtain controlled ODSs as an exemption to the January 1, 1996 regulatory phase-out of production and import of these chemicals. EPA allocates essential-use allowances for exempted production or import of a specific quantity of class I ODS solely for the designated essential purpose. Today, EPA is proposing to allocate essential-use allowances for production and import of ODSs for use in medical devices and the Space Shuttle and Titan Rockets, and to extend the general exemption for laboratory and analytical applications through the year 2005 as consistent with the Montreal Protocol. EPA is also proposing regulatory changes to ensure consistency with Decisions XI/15 and XII/2 of the Montreal Protocol. Decision XI/15 states that use of class I ODS for the testing of ''oil and grease,'' and ''total petroleum hydrocarbons'' in water; testing of tar in road-paving materials; and forensic finger printing are not considered essential under the exemption for laboratory and analytical uses beginning January 1, 2002. Decision XII/2 states that any CFC MDIs approved after December 31, 2000, are not essential unless the product meets the criteria in paragraph 1(a) of Decision IV/25. Decision XII/2 also authorizes Parties to the Montreal Protocol to allow transfers of CFCs produced with essential-use allowances among MDI companies. Finally, EPA is proposing to add a prohibition to the regulations at 82.4 that would clarify that using virgin class I ODS produced under the authority of essential-use allowances or the exemption for laboratory and analytical uses for non-essential purposes is a violation of the CAA.

DATES: Written comments on this proposed rule must be received on or before December 3, 2001, unless a public hearing is requested. Comments must then be received on or before 30 days following the public hearing. Any party requesting a public hearing must notify the Stratospheric Ozone Protection Hotline listed below by 5 p.m. Eastern Standard Time on November 13, 2001. If a hearing is held, EPA will publish a document in the **Federal Register** announcing the hearing information. Inquiries regarding a public hearing should be directed to the Stratospheric Ozone Protection Hotline at 1–800–269–1996.

ADDRESSES: Comments on this rulemaking should be submitted in duplicate to: Erin Birgfeld, Essential Use Program Manager, U.S. Environmental Protection Agency (6205J), 1200 Pennsylvania Avenue, NW., Washington, DC 20460. If you plan to send comments using courier services or overnight express, please address comments to 501 3rd Street NW., Washington DC 20001. Comments will be filed in EPA Air docket number A–93–39. Comments that contain confidential business information should be submitted in two versions, one clearly marked ''Public'', to be filed in the public docket, and the other clearly marked ''Confidential'' to be reviewed by authorized government personnel only. If the comments are not marked, EPA will assume they are public and contain no confidential information.

Materials relevant to this rulemaking are contained in Docket No. A–93–39. The Docket is located in Waterside Mall Room M–1500, 401 M Street, SW., Washington, DC 20460. The materials may be inspected from 8 a.m. until 5:30 p.m. Monday through Friday. EPA may charge a reasonable fee for copying docket materials.

FOR FURTHER INFORMATION CONTACT: The Stratospheric Ozone Protection Hotline at 1–800–296–1996 or Erin Birgfeld, U.S. Environmental Protection Agency, Global Programs Division, Office of Atmospheric Programs, 6205J, 1200 Pennsylvania Avenue, Washington, DC 20460, 202–564–9079.

SUPPLEMENTARY INFORMATION:

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I. Background

The Montreal Protocol on Substances that Deplete the Ozone Layer (Protocol) is the international agreement to reduce and eventually eliminate production and consumption [1] of all stratospheric ozone depleting substances (ODSs). The elimination of production and consumption is accomplished through adherence to phase-out schedules for production and consumption of specific class I ODSs including chlorofluorocarbons (CFCs), halons, carbon tetrachloride, methyl chloroform, hydrochlorofluorocarbons, and methyl bromide. As of January 1996, production and import of class I ODSs [2] were phased out in all developed countries including the United States. However, the Protocol and the Clean Air Act (CAA or Act) provide exemptions which allow for the continued import and/or production of class I ODS for specific uses. Under the Montreal Protocol, exemptions are granted for uses that are determined by the Parties to be ''essential.'' Decision IV/25, taken by the Parties in 1992, established criteria for determining whether a specific use should be approved as essential, and set forth the international process for making determinations of essentiality. The criteria for an essential-use as set forth in paragraph 1 of Decision IV/25 are the following:

''(a) that a use of a controlled substance should qualify as ''essential'' only if:

(i) it is necessary for the health, safety or is critical for the functioning of society (encompassing cultural and intellectual aspects); and

(ii) there are no available technically and economically feasible alternatives or substitutes that are acceptable from the standpoint of environment and health; (b) that production and consumption, if any, of a controlled substance for essential-uses should be permitted only if:

(i) all economically feasible steps have been taken to minimize the essential-use and any associated emission of the controlled substance; and

(ii) the controlled substance is not available in sufficient quantity and quality from existing stocks of banked or recycled controlled substances, also bearing in mind the developing countries' need for controlled substances.''

The procedure set out by Decision IV/25 first calls for individual Parties to nominate essential-uses, and the amount of ODS needed for that essential-use on an annual basis. The Protocol's Technology and Economic Assessment Panel evaluates the nominated essential-uses and makes recommendations to the Protocol Parties. The Parties make the final decisions on whether to approve a Party's essential-use nomination at their annual meeting.

Once the U.S. nomination is approved by the Parties, EPA allocates essential-use exemptions to specific entities through notice-and-comment rulemaking in a manner consistent with the CAA. Under the CAA and the Montreal Protocol, EPA is authorized to allocate essential-use allowances in quantities below or equal to the amounts approved by the Parties. EPA cannot allocate essential-use allowances in amounts higher than is approved by the Parties.

II. Essential Use Allowances for Medical Devices

A. How Were Essential-Use Allowances for Medical Devices Nominated and Approved by the Parties to the Montreal Protocol?

On September 15, 1999, EPA issued a **Federal Register** notice (64 FR 50083) requesting applications for essential-use allowances for the year 2002. The applications EPA received requested exemptions for the production and import of specific quantities of CFCs (CFC–11, CFC–12, and CFC–114) for use in MDIs, and provided information in accordance with the criteria set forth in Decision IV/25 of the Protocol and the procedures outlined in the ''1997 Handbook on Essential Use Nominations.'' Based on the information provided in these applications, and after consultation with the Food and Drug Administration (FDA), the U.S. forwarded a request for 2,900 metric tons of CFCs for use in metered dose inhalers to the Ozone Secretariat for consideration by the Technical and Economic Assessment Panel (TEAP) and the Aerosol Technical Options Committees (ATOC). The Parties approved the U.S. request for 2,900 metric tons of CFCs for essential-uses in Decision XII/9 taken at the December 2000 Meeting of the Parties.

On November 1, 2000, EPA issued a notice in the **Federal Register** that requested applications for supplemental essential-use allowances for the year 2002. Based on the information received as a part of these applications, EPA and FDA determined that a supplemental quantity of CFCs would be necessary to provide the U.S. with sufficient CFCs for the manufacture of MDIs to meet patient needs in the year 2002. As a result, the U.S. forwarded a supplemental request of 550 metric tons of CFCs for the year 2002 to the Ozone Secretariat for consideration by the TEAP and the Aerosol Technical Options Committee (ATOC) bringing the total quantity requested to 3,450 metric tons for calendar year 2002. The ATOC reviewed the U.S. supplemental request at their meeting in April of this year, and recommended that the Parties approve the U.S. supplemental request at the meeting of the Parties to be held in October 2001.

Today's action proposes to allocate essential-use allowances assuming that the Parties approve the U.S. supplemental request of 550 metric tons of CFCs for 2002. In the event that the Parties break with the ATOC recommendation, and do not approve the supplemental request, EPA would issue a final rule, in consultation with FDA, which would allocate essential-use allowances to U.S. companies based on the total amount approved by the Parties.

B. How Does the Clean Air Act Authorize Essential-Use Allowances?

The CAA provides exemptions under section 604(d) to the phase-out of class I ODSs. With today's action, EPA is proposing to implement the exemption at 604(d)(2) of the Act which states that ''notwithstanding the phase-out, EPA shall, to the extent consistent with the Montreal Protocol, authorize production of limited quantities of class I ODSs for use in medical devices, if FDA, in consultation with EPA, determines that such production is necessary for use in medical devices''. The term ''medical device'' is defined in section 601(8) of the Clean Air Act as follows:

''[A]ny device (as defined in the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321)), diagnostic product, drug (as defined in the Federal Food, Drug, and Cosmetic Act), and drug delivery system

(A) if such device, product, drug, or drug delivery system utilizes a class I or class II substance for which no safe and effective alternative has been developed, and where necessary, approved by the Commissioner [of FDA]; and

[1] ''Consumption'' is defined as the amount of a substance produced in the United States, plus the amount imported, minus the amount exported to Parties to the Montreal Protocol (*see* Section 601(6) of the Clean Air Act). Stockpiles of class I ODSs produced or imported prior to the 1996 phaseout can continue to be used for purposes not expressly banned at 40 CFR part 82.

[2] Class I ozone depleting substances are defined at 40 CFR Part 82 subpart A, appendix A.

(B) if such device, product, drug, or drug delivery system, has, after notice and opportunity for public comment, been approved and determined to be essential by the Commissioner [of FDA] in consultation with the Administrator [of EPA].''

With today's action, EPA is allocating essential-use allowances for use in MDIs that have previously been determined to fit the definition of medical device above. For a full discussion of the definition of ''medical device'', and how it has been interpreted and applied in today's rulemaking please refer to the interim final rule for the year 2000 allocation of essential-use allowances (65 FR 716).

C. What Was the Allocation Process for Essential-Use Allowances for Medical Devices?

The following is a step-by-step list of actions EPA and FDA have taken thus far to implement the exemption for medical devices found at section 604(d)(2) of the Act for the 2002 control period.

1. EPA collaborated with FDA to identify what information would be required from companies in order for FDA to make a determination, in consultation with EPA, on the amount of CFCs necessary for use in MDIs. EPA and FDA determined that the following data were needed to make this determination:

- The specific MDI products to be produced in 2002
- The number of units of each product produced in the year 2000
- Number of units produced in the first quarter of 2001
- Number of units anticipated to be produced in 2002
- Gross target fill weight per unit (grams)
- Total amount of CFC to be contained in product for 2002 (metric tons)
- Additional amounts of CFCs necessary for production of MDIs in 2002
- Total CFC request per product for 2002

2. On April 12, 2002, EPA sent letters to MDI manufacturers requesting the information outlined above. The letters that EPA sent each company are available for review in the Air Docket No. A–93–39. The company's responses, however, are considered confidential business information and are not publicly available. Table Ia is an example of the reporting form EPA asked companies to fill out under the authority of section 114 of the Act (114 letters).

TABLE IA.—YEAR 2002 ESSENTIAL USE ALLOCATION: CFC REPORTING FORM

Product	Number of units produced from 1/1/00 to 12/31/00	Number of units produced from 1/1/01 to 3/31/01	Number of units anticipated to be produced in 2002	Gross Target fill weight per unit (grams)	Total CFC to be contained in product for 2002 (metric tons)	Additional amount necessary for production [3]	Total request per product for 2002
A	B	C	D	E	F	G	H
Example Product	1,327,456	352,101	1,500,000	22	33.00	3.3	36.30

3. In a letter dated June 14, 2001, EPA requested that FDA make a determination regarding the amount of CFCs necessary for use in MDIs for calendar year 2002. With this request, we attached the information MDI manufacturers provided in response to the 114 letters. FDA compared the information from the companies' responses to EPA's section 114 letters with the annual reports companies file with FDA and used this information as a basis for their determination.

4. On August 9, 2001, FDA sent a letter to EPA stating the amount of CFCs necessary for use in MDIs for calendar year 2002. The FDA determination was based on the assumption that the total U.S. request of 3,450 metric tons of CFCs will be approved at the next Meeting of the Parties in October 2001. In accordance with the determination made by FDA, specified in their letter of August 9, 2001, today's action proposes to allocate essential-use allowances for a total of 3,388 metric tons of CFCs for use in MDIs for the year 2002 calendar year.

D. How Were the Decisions on the Amounts of Essential-Use Allowances for Each Company Made?

FDA states in their letter to EPA that ''Under our existing regulations and our proposed rule [4], we have interpreted the CAA definition of medical device to refer to any product that contains an active moiety [5] that appears on the essential-use list found at 21 CFR 2.125. We further understand that under the Montreal Protocol, and therefore under the CAA, only products for the treatment of asthma or chronic obstructive pulmonary disease (COPD) are eligible for essential-use nominations and allocations. Under this definition, the sponsor of any drug product produced under an approved new drug application, abbreviated new drug application, or valid investigational new drug application, approved for the treatment of asthma or COPD, and containing an active moiety on our essential list may obtain CFCs. We also understand that Decision XII/2 of the 12th Meeting of the Parties to the Montreal Protocol states that any CFC metered-dose inhaler product for the treatment of asthma and/or COPD approved after December 31, 2000, in a non-Article 5(1) Party is not an essential-use, unless the product meets the criteria set out in paragraph 1(a) of Decision IV/25.''

''With these definitions in mind, we [FDA] have examined the information you [EPA] obtained from individual sponsors regarding their historical and intended use of CFCs in specific products. We compared this information to the information filed with us by sponsors in previous annual reports. In listing the amounts we believe to be necessary for use in medical devices, we referred to this information, eliminated any double-counting we found, considered changes in the prevalence of asthma and COPD, and eliminated allocations for uses not considered essential by the Parties to the Montreal Protocol, even if those uses are currently listed in our regulations at 21 CFR 2.125(e).''

[3] EPA requested that respondents provide details of the additional amount needed, e.g., canisters produced but not distributed, CFCs lost in processing, CFCs remaining at end of batch run, CFCs used in line cleaning.

[4] Use of Ozone-Depleting Substances; Essential Use Determinations, September 1, 1999. (64 FR 47719)

[5] An FDA regulation at 21 CFR 108(a) defines active moiety as ''the molecule or ion excluding those appended portions of the molecule that cause the drug to be an ester, salt (including a salt with hydrogen or coordination bonds), or other noncovalent derivative (such as a pharmacological action of the drug substance.''

E. Will the Amounts Actually Allocated in the Final Rule Be the Same as the Amounts Listed in This Proposed Rule?

The amounts listed in this proposal are subject to additional review by EPA and FDA if new information demonstrates that the proposed allocations are either too high or too low. Commentors requesting increases or decreases of essential-use allowances should provide detailed information supporting their claim for additional or fewer CFCs. Any company that no longer needs the full amount listed in this proposal should notify EPA of the actual amount needed.

EPA will only be authorized to allocate a total of 3,450 metric tons of CFCs if the Parties approve the U.S. supplemental request at the October 2001 meeting. As stated earlier, in the event that the Parties do not approve the U.S. supplemental request for the year 2002 in its entirety, EPA, in consultation with FDA, will allocate CFCs based on the total amount authorized by the Parties.

F. How Does Decision XII/2 of the Parties to the Montreal Protocol Affect This Year's Regulation?

(1) Eligible Products

Decision XII/2, titled ''Measures to facilitate the transition to chlorofluorocarbon-free metered dose inhalers'', taken at the last Meeting of the Parties in December 2000 has two provisions that are being implemented with today's action. First, as noted in the FDA letter, paragraph 2 of Decision XII/2 states ''that any chlorofluorocarbon metered-dose inhaler product approved after 31 December 2000 for treatment of asthma and/or chronic obstructive pulmonary disease in a non-Article 5(1) Party is not an essential-use unless the product meets the criteria set out in paragraph 1(a) of Decision IV/25.''

In the past, EPA has allocated essential-use allowances for all CFC MDIs containing active moieties used for the treatment of asthma and COPD, without distinguishing among individual products. However, Decision XII/2 raises the bar for MDI products approved after December 31, 2000. In order for an MDI product in the research and development phase[6] to be considered essential, the MDI product must individually meet the criteria in Decision IV/25 paragraph 1(a). Decision IV/25 1(a) states that ''use of a controlled substance should qualify as essential only if it is necessary for the health, safety or critical for the functioning of society (encompassing cultural and intellectual aspects); and there are no available technically and economically feasible alternatives or substitutes that are acceptable from the standpoint of environment and health.'' Based on Decision XII/2, EPA believes that CFC MDI that are still in research and development, and that contain active moieties already commercially available in other MDI products are no longer ''essential''. This is because the new MDI products would not provide additional therapy to patients, and thus are not themselves necessary for the health, safety or functioning of society as specified by paragraph 1(a) of Decision IV/25.

Decision XII/2 allows for the possibility that a CFC MDI product containing an active moiety not currently available as an MDI might be considered essential if the product met the requirements of paragraph 1 of Decision IV/25. If the FDA, in consultation with EPA, determined that the new product was ''essential'' and the product met the criteria in Decision XII/2, the U.S. would forward a nomination to the Parties. Consistent with our current practice, EPA and FDA would only allocate essential-use allowances for MDIs considered to be essential by the Parties to the Protocol.

EPA, in consultation with FDA, is implementing paragraph 2 of Decision XII/2 by allocating essential-use allowances to companies only for production of CFC MDIs for the treatment of asthma and COPD, and approved by FDA prior to December 31, 2000. EPA is also proposing to amend the language at 40 CFR 82.4(t) to reflect this. One company had in prior years received essential-use allowances for research and development of CFC MDIs containing active moieties that are already available to patients in MDI form. Due to Decision XII/2, EPA and FDA cannot allocate essential-use allowances to this company for research and development of MDIs now considered to be non-essential.

(2) Transfers of Essential-Use Allowances and ''Essential-Use CFCs''

With today's proposal, EPA is implementing paragraph 8 of Decision XII/2 which states that ''* * * as a means of avoiding unnecessary production of new chlorofluorocarbons, and provided that the conditions set out in paragraphs (a)–(d) of Decision IX/20 are met, a Party may allow a MDI company to transfer:

(a) All or part of its essential-use authorization to another existing MDI company; or

(b) CFCs to another MDI company provided that the transfer complies with national/regional licence or other authorization requirements.''

Paragraphs (a)–(d) of Decision IX/20 provide the following conditions for transfers between Parties: the transfer applies only up to the maximum level that has previously been authorized for the calendar year in which the next Meeting of the Parties is to be held; both Parties agree to the transfer; the aggregate annual level of authorizations for all Parties for essential-uses of MDIs does not increase as a result of the transfer; the transfer or receipt is reported by each Party involved on the essential-use quantity-accounting format approved by the Eighth Meeting of the Parties by paragraph 9 of Decision VIII/9.

As the transition progresses, and more CFC-free MDIs become available, fewer CFC MDIs will be produced globally. While many pharmaceutical companies have production lines for CFC MDIs in more than one country, this is likely to change as demand for CFC MDIs decreases. With last year's allocation rule, EPA amended its regulations to allow transfer of essential-use allowances for CFC among essential-use allowance holders domestically (66 FR 1462). As a result of Decision XII/2, EPA is proposing to allow metered dose inhaler companies to transfer essential-use allowances internationally and to allow transfer of essential-use allowances to companies that do not currently hold essential-use allowances from the U.S.

To accomplish this, EPA is proposing to change the regulations at 82.12(a)(1) to allow essential-use allowances for CFCs to be transferred to another MDI company and not just to another essential-use allowance holder. This will allow an MDI company that currently does not have essential-use allowances to receive them through a trade provided that the allowances are used to produce essential MDIs. EPA is also adding essential-use allowances to the list of allowances that may be traded internationally under paragraph 82.9(c). The international transfer of essential-use allowances would occur in the same manner as international transfers of Article 5 allowances and production allowances are currently traded. This ensures compliance with section 616 of the CAA which governs international trades. For approval of an international trade for essential-use allowances the transferor must submit the following information:

[6] EPA is unaware of any CFC MDI product that has been approved by the FDA since December 31, 2000.

• The identity of the Party (i.e. the country other than the U.S. that is participating in the transfer);
• The names and telephone number of contact person for the company where the allowances are being transferred to (transferee) and names and contact person for that country's government representative;
• The type of allowances being transferred (essential-use allowances), the type of chemical being transferred (CFC–11, CFC–12, or CFC–114);
• The control period (i.e., calendar year) to which the transfer applies.

After receiving a transfer request, the Administrator may at her discretion consider the following factors in deciding whether to approve a transfer:
• Possible creation of economic hardship;
• Possible effects on trade;
• Potential environmental implications;
• The total amount of unexpended allowances held by United States entities;
• Whether the essential-use allowances will be used in metered dose inhaler considered essential by the Parties.

EPA is proposing a mechanism to allow MDI companies to transfer CFCs already produced under the authority of essential-use allowances to other MDI companies as specified by paragraph 8 of Decision XII/2. EPA believes that other Parties to the Protocol are implementing this portion of Decision XII/2 in a similar manner which will allow free flow of CFCs produced with essential-use allowances between Parties and between MDI companies. EPA believes that this additional flexibility will result in a decrease in the total amount of CFCs produced for essential-uses globally.

First, we are amending section 82.3 to define the term ''essential-use CFC'' to mean CFCs already produced using essential-use allowances. Second, we are modifying the parenthetical in paragraph 82.4(d) so that import of ''essential-use CFCs'' will no longer count against the U.S. MDI company's essential-use allowances for that year. This will allow an MDI company to procure ''essential-use CFCs'' beyond the amount of essential-use allowances allocated to them in a particular control period if the transfer is approved by EPA (see next paragraph). Third, we are defining the term ''essential MDIs'' in section 82.3 as the following, ''MDIs for the treatment of asthma and chronic obstructive pulmonary disease, approved by the FDA or by another Party's analogous health authority before December 31, 2000, and considered to be essential by the Party where the MDI product will eventually be sold. If the MDI product is to be sold in the U.S., the active moiety contained in the MDI must be listed as essential at 21 CFR 2.125(e).'' By defining essential MDIs as such, we ensure that transferred ''essential-use CFCs'' would be used solely for production of MDIs considered essential by the Parties and the country where they are being ultimately sold.

EPA is adding paragraph (d) to the regulations at 82.12 to create the mechanism that EPA will use to approve transfers of essential-use CFCs between MDI companies in the U.S., and adding paragraph (g) to 82.9 to govern transfer of essential-use CFCs between U.S. companies and companies in other Parties. Under the proposed changes to 82.12 the transferee would submit to EPA the following information before EPA would approve a transfer of essential-use CFCs.
• The identities and addresses of the transferor and the transferee;
• The name and telephone numbers of contact persons for the transferor and the transferee;
• The amount of each controlled substance (CFC–11, CFC–12, or CFC–114) being transferred;
• The specific metered dose inhaler products (i.e. the MDI drug product or active moiety) that the company plans to produce with the transferred CFCs;
• The country(ies) where the CFC metered dose inhalers produced with the transferred essential-use CFCs will be sold if other than in the United States;
• Certification that the essential-use CFCs will be used in the production of essential MDIs. If the metered dose inhalers are to be sold in the United States, the certification must state that metered dose inhalers produced with the transferred essential-use CFCs are listed as essential at 21 CFR 2.125. If the metered dose inhalers produced with the essential-use CFCs are to be sold outside the United States, the transferee must certify that the metered dose inhalers produced with the essential-use CFCs are considered essential by the importing country.

The transferor must submit to EPA a letter concurring with the terms of the transferees request before the application is complete. For international transfers under section 82.9, EPA would require the same information requested at 82.12 and listed above, and a letter from the embassy of the Party involved in the transfer stating that the transfer is approved by the government of the Party.

If EPA approves the transfer, EPA would issue letters to the transferor and the transferee indicating that the transfer may proceed. If EPA objects to the transfer, EPA would issue letters to the transferor and transferee stating the basis for disallowing the transfer. The burden of proof is placed on the transferee (if the transferee is a U.S. company) to retain sufficient records to prove that the transferred essential-use CFCs are used only for production of essential MDIs. If the MDIs are produced in the U.S. and are to be exported to another country the transferee must ensure that the MDIs produced are considered essential by the national authority of the importing country. If EPA ultimately found that the transferee did not use the essential-use CFCs in essential MDIs, then the transferee would be in violation of the CAA.

Finally, EPA is proposing to revise the definition of ''essential-use allowances'' under section 82.3 to ensure consistency with the Montreal Protocol and section 82.4. Under the Montreal Protocol, essential-use exemptions were granted for the years 1996–2003. EPA has already granted essential-use allowances for calendar year 2001, and is proposing to allocate essential-use allowances for calendar year 2002. Further, EPA anticipates that the Parties will continue to grant essential-use exemptions until the transition from class I ODS in essential applications is complete. Therefore, EPA is proposing to change the definition of essential-use allowance by omitting a specific end date for the program.

III. Exemption for Methyl Chloroform for Use in the Space Shuttle and Titan Rockets

EPA is proposing to allocate methyl chloroform (MCF) for use in solid rocket motor assemblies. The CAA exemption for continued production and import of methyl chloroform is found at 604(d)(1) and reads as follows:

(1) Essential Uses of Methyl Chloroform.—Notwithstanding the termination of production required by subsection (b), during the period beginning on January 1, 2002, and ending on January 1, 2005, the Administrator [of EPA], after notice and opportunity for public comment, may, to the extent such action is consistent with the Montreal Protocol, authorize the production of limited quantities of methyl chloroform solely for use in essential applications (such as nondestructive testing for metal fatigue and corrosion of existing airplane engines and airplane parts susceptible to metal fatigue) for which no safe and effective substitute is available. Notwithstanding this paragraph, the authority to produce methyl chloroform

for use in medical devices shall be provided in accordance with paragraph (2).

Decision X/6 states that ''* * * the remaining quantity of methyl chloroform authorized for the United States at previous meetings of the Parties [will] be made available for use in manufacturing solid rocket motors until such time as the 1999–2001 quantity of 176.4 tons (17.6 ODP-weighted tons) allowance is depleted, or until such time as safe alternatives are implemented for remaining essential-uses.'' According to the EPA tracking system, the total amount of MCF produced or imported by essential-use allowance holders was 15.2 metric tons in the calendar year 1999, and 3.3 metric tons in the calendar year 2000. EPA is proposing to allocate 50.4 metric tons of MCF for 2002 for use in the Space Shuttle and Titan Rockets, which is the amount requested by essential-use applicants for 2002. Essential-use allowance holders should be aware that the exemption for MCF under section 604(d)(1) of the CAA expires in the year 2005. Thus, EPA will not have statutory authority to allocate essential-use allowances for MCF after that date.

IV. Allocation of Essential-Use Allowances for Medical Devices and the Space Shuttle and Titan Rockets for Calendar Year 2002

EPA is proposing to allocate essential-use allowances for calendar year 2002 to entities listed in Table I for exempted production or import of the specific quantity of class I controlled substances solely for the specified essential-use.

TABLE I.—ESSENTIAL USE ALLOCATION FOR CALENDAR YEAR 2002

Company	Chemical	Quantity (metric tons)
(i) Metered Dose Inhalers (for oral inhalation) for Treatment of Asthma and Chronic Obstructive Pulmonary Disease		
Armstrong Pharmaceuticals	CFC–11 or CFC–12 or CFC–114	343
Aventis	CFC–11 or CFC–12 or CFC–114	150
Boehringer Ingelheim Pharmaceuticals	CFC–11 or CFC–12 or CFC–114	743
Glaxo SmithKline	CFC–11 or CFC–12 or CFC–114	1016
Schering-Plough Corporation	CFC–11 or CFC–12 or CFC–114	949
Sidmak Laboratories Inc	CFC–11 or CFC–12 or CFC–114	67
3M Pharmaceuticals	CFC–11 or CFC–12 or CFC–114	120
(ii) Cleaning, Bonding and Surface Activation Applications for the Space Shuttle Rockets and Titan Rockets		
National Aeronautics and Space Administration (NASA)/ Thiokol Rocket.	Methyl Chloroform	47
United States Air Force/Titan Rocket	Methyl Chloroform	3.4

V. General Laboratory Exemption for Class I ODSs

On March 13, 2001, EPA issued a direct final rule that implemented a *de minimis* exemption under the Clean Air Act for continued production and import of class I ODS for laboratory essential-uses (66 FR 14760). With the direct final rule, EPA allocated essential-use allowances for laboratory uses for the year 2001 only. Under the Montreal Protocol, the Parties have approved a global (i.e., general) exemption for laboratory and analytical uses for set periods of time. At their tenth meeting in 1998, the Parties, in Decision X/19, extended the global laboratory and analytical essential-use exemption until December 31, 2005, under the conditions set out in Annex II of the report of the Sixth Meeting of the Parties. Today's action proposes to extend EPA's regulatory *de minimis* exemption for essential laboratory and analytical uses through 2005 as consistent with the Montreal Protocol.

Decision X/19 also states that at the annual Meetings of the Parties, on the basis of information reported by the Technology and Economic Assessment Panel (TEAP), the Parties may ''decide on any uses of controlled substances which should no longer be eligible under the exemption for laboratory and analytical uses and the date from which any such restriction should apply.'' Subsequently, the Parties at the Eleventh Meeting of the Parties to the Protocol took Decision XI/15 which eliminated the following uses from the global exemption for laboratory and analytical uses for controlled substances from the year 2002 onward:

(a) Testing of oil and grease, and total petroleum hydrocarbons in water;

(b) Testing of tar in road-paving materials; and

(c) Forensic finger-printing.

With today's action, EPA is proposing to amend Part 82 subpart A, appendix G to define the above laboratory methods as non-essential pursuant to Decision XI/15. Under this proposed change to appendix G, production or import of class I ODSs for these specific laboratory methods will be prohibited beginning January 1, 2002.

In the U.S., class I ODSs are not used for testing of tar in road-paving materials and forensic finger-printing. Thus, we expect that the major impact of Decision XI/15 will be upon testing of oil and grease, and total petroleum hydrocarbons in water. EPA requires testing for the these conventional pollutants as a part of its wastewater and hazardous waste programs. The analytical methods for measuring ''oil and grease'' include EPA methods 413.1, 413.2 and 418.1, which use CFC–113. Pursuant to Decision XI/15, methods for testing for oil and grease in water using class I ODSs will no longer be considered essential in the year 2002. Thus, new production or importation of CFC–113 for those EPA test methods will be prohibited. This should not cause a problem for laboratories since there are alternative methods available for testing of oil and grease that do not rely on class I ODS, and EPA recommends that laboratories switch to these alternative methods.[7] You may

[7] On May 14, 1999, EPA published alternative analytical methods for these tests that do not require using class I ODSs: Method 1664 Revision A: N-Hexane Extractable Material (HEM; Oil and Grease) and Silica Gel Treated—Hexane Extractable Material (SGR–HEM; Nonpolar Material) by Extraction and Gravimetry. EPA promulgated method 9071B to replace method 9070 and incorporates Method 1664 for use in EPA's Resource Conservation and Recovery Act programs. For more information on method 1664, please reference EPA's Office of Water website at *www.epa.gov/ost/methods/oil.html*. For technical information regarding Resource Conservation and Recovery Act test methods and regulations please call the Office of Solid Waste Methods information and communication exchange at (703) 821–4690. For technical information regarding testing methods

use stockpiled CFC–113 that was imported for production before January 1, 2001 or recycled CFC–113 as long as EPA's Office of Water and Office of Solid Waste continue to accept results from test methods using CFC–113.

Pursuant to Decision X/19, the TEAP will continue to make recommendations for laboratory uses which no longer require class I ODSs. The Parties to the Protocol may remove additional methods or uses from the global laboratory exemption in the future. Currently, there are no recommendations by the TEAP to remove any additional laboratory uses beyond those listed in Decision XI/15. If the Parties decide to remove any other laboratory uses from the exemption, EPA will propose appropriate regulations. EPA reserves the right to determine that a particular test method is non-essential in the United States, even if it continues to be considered essential by the Parties.

The current regulations require annual certifications from laboratory customers stating that the class I ODSs produced and/or imported under the laboratory exemption will not be resold or used in manufacturing. EPA is proposing to amend the recordkeeping and reporting requirements at 40 CFR 82.13 so that these certifications also state that the class I ODSs obtained under the laboratory exemption will be used for essential laboratory uses as defined by appendix G. EPA believes that these additional requirements will not impose additional paperwork burden on the regulated entities since annual certifications are already required.

VI. Clarification Regarding Use of Material Produced Under Essential-Use Allowances for Non-Essential-Uses

EPA is proposing to add paragraph (t)(4) to section 82.4 in order to clarify that virgin class I ODSs produced under the authority of essential-use allowances may not be used in applications that are not essential (i.e., those uses not listed in paragraphs (t)(2), (t)(3), and appendix G of subpart A). The regulations at section 82.4 establish limited exceptions to the production and import bans for class I ODS. The use or sale of virgin class I ODS produced under these exceptions for other purposes would circumvent the production and import bans and the intent of these exceptions.

We are concerned that laboratories might obtain class I ODSs in excess of their own need under the general laboratory exemption with the intent of ''recycling'' the class I ODS and re-selling it into other non-laboratory markets at a profit. Therefore, we explicitly prohibit such actions in section 82.4(t)(4) by stating that ''It is a violation of this subpart to obtain virgin class I ODSs under the general laboratory exemption in excess of actual need, and to recycle that material for sale into other markets.'' The intent of this provision is not to disallow laboratories from purchasing sufficient class I ODSs for their own use, nor is it meant to discourage laboratories from re-using or recycling class I ODSs that are legitimately used for essential laboratory methods. It is meant to discourage those that might exploit a potential loophole and purchase quantities of ODSs far in excess of what would normally be necessary for laboratory uses, nominally ''use'' the class I ODS, and then ''recycle'' the material and sell it for use in non-laboratory applications.

EPA is aware that certain companies extract and recycle CFCs from MDIs that are ''off-specification'' and are thus not marketable. These recycled CFCs are often sold for use in non-essential applications. The addition of paragraph (t)(4) would not prevent this practice from continuing since the CFCs contained in off-specification MDIs are not considered virgin material. EPA is unaware of any virgin essential-use material that is being sold or used for non-essential purposes at this time, and therefore does not anticipate that this clarification will have any economic impact.

VII. Administrative Requirements

A. Unfunded Mandates Reform Act

Title II of the Unfunded Mandates Reform Act of 1995 (UMRA), Pub. L. 104–4, establishes requirements for Federal agencies to assess the effects of their regulatory actions on State, local, and tribal governments and the private sector.

Under section 202 of the UMRA, EPA generally must prepare a written statement, including a cost-benefit analysis, for proposed and final rules with ''Federal mandates'' that may result in expenditures by State, local, and tribal governments, in the aggregate, or by the private sector, of $100 million or more in any one year. Before promulgating an EPA rule for which a written statement is needed, section 205 of the UMRA generally requires EPA to identify and consider a reasonable number of regulatory alternatives and adopt the least costly, most cost-effective or least burdensome alternative that achieves the objectives of the rule. The provisions of section 205 do not apply when they are inconsistent with applicable law. Moreover, section 205 allows EPA to adopt an alternative other than the least costly, most cost-effective or least burdensome alternative if the Administrator publishes with the final rule an explanation why that alternative was not adopted. Section 204 of the UMRA requires the Agency to develop a process to allow elected state, local, and tribal government officials to provide input in the development of any proposal containing a significant Federal intergovernmental mandate.

Before EPA establishes any regulatory requirements that may significantly or uniquely affect small governments, including tribal governments, it must have developed under section 203 of the UMRA a small government agency plan. The plan must provide for notifying potentially affected small governments, enabling officials of affected small governments to have meaningful and timely input in the development of EPA regulatory proposals with significant Federal intergovernmental mandates, and informing, educating, and advising small governments on compliance with the regulatory requirements.

EPA has determined that this rule does not contain a Federal mandate that may result in expenditures of $100 million or more for State, local, and tribal governments, in the aggregate, or the private sector in any one year. This rule imposes no enforceable duty on any State, local or tribal government. For the private sector, it clarifies existing requirements and adds recordkeeping and reporting requirements for those who wish to participate in a voluntary program. Thus, it is not subject to the requirements of sections 202 and 205 of the UMRA. EPA has also determined that this rule contains no regulatory requirements that might significantly or uniquely affect small governments; therefore, EPA is not required to develop a plan with regard to small governments under section 203. Finally, because this rule does not contain a significant intergovernmental mandate, the Agency is not required to develop a process to obtain input from elected state, local, and tribal officials under section 204.

B. Executive Order 12866

Under Executive Order 12866 (58 FR 51735, October 4, 1993), the Agency must determine whether this regulatory action is ''significant'' and therefore subject to OMB review and the requirements of the Executive Order. The Order defines ''significant regulatory action'' as one that is likely to result in a rule that may:

required under the Clean Water Act, call the Office of Water Resource Center at (202) 260–7786.

(1) Have an annual effect on the economy of $100 million or more, or adversely affect in a material way the economy, a sector of the economy, productivity, competition, jobs, the environment, public health or safety, or State, local, or tribal governments or communities;

(2) Create a serious inconsistency or otherwise interfere with an action taken or planned by another agency;

(3) Materially alter the budgetary impact of entitlement, grants, user fees, or loan programs or the rights and obligations of recipients thereof; or

(4) Raise novel legal or policy issues arising out of legal mandates, the President's priorities, or the principles set forth in the Executive Order. It has been determined by OMB and EPA that this action is not a ''significant regulatory action'' under the terms of Executive Order 12866 and is therefore not subject to OMB review under the Executive Order.

C. Paperwork Reduction Act (PRA)

The information collection requirements in this proposed rule will be submitted for approval to the Office of Management and Budget (OMB) under the Paperwork Reduction Act, 44 U.S.C. 3501 *et seq.* An Information Collection Request (ICR) document will be prepared by EPA and sent to OMB. Once the ICR in completed, EPA will issue a notice soliciting public comment on the ICR.

The information required in today's proposed rule, and that will be outlined in the ICR is mandatory under section 603(b) of the CAA which states that all production, import, and export of class I and class II ODSs must be reported to EPA. EPA is also requesting information from transferors and transferees of essential-use CFCs to ensure the conditions of Decision XII/2 and section 604(d) of the Act are met, so that only essential MDI products will be produced using essential-use CFCs. The information collected will be considered confidential, and will only be released in the aggregate to protect individual company information.

The estimated burden will be set forth in the ICR. We do not expect this cost and burden to be substantial since similar reporting requirements for transferring production, consumption, and essential-use allowances are already in place under subpart A. Further, there are only a small number of MDI companies that are able to produce CFC–MDIs in the U.S. Thus, the number of companies engaged in transferring essential-use CFC will be small as well. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information.

An Agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control numbers for EPA's regulations are listed in 40 CFR part 9 and 48 CFR chapter 15.

D. Executive Order 13175 (Consultation and Coordination With Indian Tribal Governments)

Executive Order 13175, entitled ''Consultation and Coordination with Indian Tribal Governments'' (65 FR 67249, November 6, 2000), requires EPA to develop an accountable process to ensure ''meaningful and timely input by tribal officials in the development of regulatory policies that have tribal implications.'' ''Policies that have tribal implications'' is defined in the Executive Order to include regulations that have ''substantial direct effects on one or more Indian tribes, on the relationship between the Federal government and the Indian tribes, or on the distribution of power and responsibilities between the Federal government and Indian tribes.''

This proposed rule does not have tribal implications. It will not have substantial direct effects on tribal governments, on the relationship between the Federal government and Indian tribes, or on the distribution of power and responsibilities between the Federal government and Indian tribes, as specified in Executive Order 13175. Today's rule does not affect the communities of Indian tribal governments since the only entities directly affected by this rule are the companies that requested essential-use allowances or make use of the general exemption for laboratory uses. Thus, Executive Order 13175 does not apply to this rule. In the spirit of Executive Order 13175, and consistent with EPA policy to promote communications between EPA and tribal governments, EPA specifically solicits additional comment on this proposed rule from tribal officials.

E. Regulatory Flexibility Act (RFA) as Amended by the Small Business Regulatory Enforcement Fairness Act of 1996 (SBREFA), 5 U.S.C. 601 et seq.

The RFA generally requires an agency to prepare a regulatory flexibility analysis of any rule subject to notice and comment rulemaking requirements under the Administrative Procedure Act or any other statute unless the agency certifies that the rule will not have a significant economic impact on a substantial number of small entities. Small entities include small businesses, small organizations, and small governmental jurisdictions.

For purposes of assessing the impact of today's rule on small entities, small entities is defined as: (1) Pharmaceutical preparations manufacturing businesses (NAICS code 325412) that have less than 750 employees; and environmental testing services (NAICS code 541380) that have annual receipts of less than $5 million dollars (2) a small governmental jurisdiction that is a government of a city, county, town, school district or special district with a population of less than 50,000; and (3) a small organization that is any not-for-profit enterprise which is independently owned and operated and is not dominant its field.

After considering the economic impacts of today's proposed rule on small entities, I certify that this action will not have a significant economic impact on a substantial number of small entities. We have determined that the one pharmaceutical company that is not receiving essential-use allowances for use in CFC MDIs could experience an economic impact. The direct impact of this rule is that this company will be unable to import or produce CFCs for research and development of CFC MDIs that contain active moieties already available to the public. However, the economic impact is not quantifiable since this company does not have MDI products that are approved by the FDA and can be sold in the U.S. This company has participated in the essential-use allowance process since the original phaseout of class I ODS in 1996, and is aware that the U.S. as a Party to the Montreal Protocol is bound to complete the transition to CFC-free MDIs.

Environmental testing labs are affected by this rule in that beginning in the year 2002 newly imported or produced CFC–113 cannot be used in the testing of oil and grease, and total petroleum hydrocarbons in water. EPA believes that because there is an

alternative method available, and that stockpiled and recycled CFC–113 can continue to be used for this testing if necessary, that the economic impact of this regulation on small environmental testing laboratories is minimal. Further, alternative methods to test oil and grease that do not use ODSs are available.

Although this proposed rule will not have significant economic impact on a substantial number of small entities, EPA nonetheless has tried to reduce the impact on small entities. In the case of environmental testing laboratories, EPA is minimizing the reporting requirements associated with this rule by simply amending the yearly certification already required of them under existing regulations. In this case of the one pharmaceutical company that is not receiving essential-use allowances for CFCs, we believe that there is no way to reduce the impact on this small business while still complying with Decision XII/2 of the Montreal Protocol. We continue to be interested in the potential impact of the proposed rule on small entities and welcome comments related to these issues.

F. Applicability of Executive Order 13045: Protection of Children From Environmental Health Risks and Safety Risks

Executive Order 13045: ''Protection of Children from Environmental Health risks and Safety Risks'' (62 FR 19885, April 23, 1997) applies to any rule that (1) is determined to be ''economically significant'' as defined under E.O. 12866, and (2) concerns an environmental health and safety risk that EPA has reason to believe may have a disproportionate effect on children. If the regulatory action meets both criteria, the Agency must evaluate the environmental health or safety effects of the planned rule on children, and explain why the planned regulation is preferable to other potentially effective and reasonably feasible alternatives considered by the Agency. EPA interprets E.O. 13045 as applying only to those regulatory actions that are based on health or safety risks, such that the analysis required under section 5–501 of the Order has the potential to influence the regulation. This rule is not subject to E.O. 13045 because it implements the phase-out schedule and exemptions established by Congress in Title VI of the Clean Air Act.

G. National Technology Transfer and Advancement Act

Section 12(d) of the National Technology Transfer and Advancement Act of 1995 (NTTAA), Public Law No. 104–113, section 12(d) (15 U.S.C. 272 note) directs EPA to use voluntary consensus standards in this regulatory activities unless to do so would be inconsistent with applicable law or otherwise impractical. Voluntary consensus standards are technical standards (e.g., materials specifications, test methods, sampling procedures, and business practices) that are developed or adopted by voluntary consensus standards bodies. The NTTAA directs EPA to provide Congress, through OMB, explanations when the Agency decides not to use available and applicable voluntary consensus standards. This proposed rule does not involve technical standards. Therefore, EPA did not considering the use of any voluntary consensus standards.

H. Executive Order 13132 (Federalism)

Executive Order 13132, entitled ''Federalism'' (64 FR 43255, August 10, 1999), requires EPA to develop an accountable process to ensure ''meaningful and timely input by State and local officials in the development of regulatory policies that have federalism implications.'' ''Policies that have federalism implications'' is defined in the Executive Order to include regulations that have ''substantial direct effects on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government.''

This proposed rule does not have federalism implications. It will not have substantial direct effects on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government, as specified in Executive Order 13132. With today's action EPA is proposing that the use of CFC–113 for testing of oil and grease is no longer considered ''essential'' as consistent with Decision XI/15 of the Parties to the Montreal Protocol. Thus, import and production of CFCs for this use will be prohibited beginning January 1, 2002. EPA believes that this will not substantially affect local and state government implementation of the Clean Water Act since stockpiles of CFC–113 produced or imported prior to the year 2002, and recycled material can continue to be used for these methods. Further, alternative methods that do not use ODSs are available. Thus, Executive Order 13132 does not apply to this rule. In the spirit of Executive Order 13132, and consistent with EPA policy to promote communications between EPA and State and local governments, EPA specifically solicits comment on this proposed rule from State and local officials.

I. Executive Order 13211 (Energy Effects)

This rule is not subject to Executive Order 13211, Actions Concerning Regulations That Significantly Affect Energy Supply, Distribution, or Use (66 FR 28355 (May 22, 2001)) because it is not a significant regulatory action under Executive Order 12866.

List of Subjects in 40 CFR Part 82

Environmental protection, Administrative practice and procedure, Air pollution control, Chemicals, Chlorofluorocarbons, Exports, Imports, Laboratory and analytical uses, Methyl chloroform, Ozone layer, Reporting and recordkeeping requirements.

Dated: October 24, 2001.

Christine Todd Whitman,

Administrator

40 CFR part 82 is proposed to be amended as follows:

PART 82—PROTECTION OF STRATOSPHERIC OZONE

1. The authority citation for part 82 continues to read as follows:

Authority: 42 U.S.C. 7414, 7601, 7671–7671q.

Subpart A—Production and Consumption Controls

2. Section 82.3 is amended by adding new definitions in alphabetical order for ''Essential-use chlorofluorocarbons (Essential CFCs)'', and ''Essential metered dose inhaler (Essential MDI)'', and revising the definition of ''Essential-use allowances'' to read as follows:

§ 82.3 Definitions.

* * * * *

Essential Metered Dose Inhaler (Essential MDI) means metered dose inhalers for the treatment of asthma and chronic obstructive pulmonary disease, approved by the Food and Drug Administration or by another Party's analogous health authority before December 31, 2000, and considered to be essential by the Party where the MDI product will eventually be sold. If the MDI product is to be sold in the U.S., the active moiety contained in the MDI must be listed as essential at 21 CFR 2.125(e).

Essential-Use Allowances means the privileges granted by § 82.4(t) to produce class I substances, as determined by allocation decisions made by the Parties to the Montreal Protocol and in accordance with the restrictions delineated in the Clean Air Act Amendments of 1990.

Essential-Use Chlorofluorocarbons (Essential-use CFCs) are the CFCs (CFC–11, CFC–12, or CFC–114) produced under the authority of essential-use allowances and not the allowances themselves. Essential-use CFCs include CFCs imported or produced by U.S. entities under the authority of essential-use allowances for use in metered dose inhalers, as well as CFCs imported or produced by non-U.S. entities under the authority of privileges granted by the Parties and the national authority of another country for use in metered dose inhalers.

* * * * *

3. Section 82.4 is amended:

a. By revising paragraph (d).

b. By revising paragraph (k).

c. By revising paragraphs (t) introductory text, (t)(1)(i), and (t)(3).

d. By adding the table to the end of paragraph (t)(2).

e. By adding paragraphs (t)(1)(iii) and (t)(4).

The revisions and additions read as follows:

§ 82.4 Prohibitions.

* * * * *

(d) Effective January 1, 1996, for any class I , Group I, Group II, Group III, Group IV, Group V, or Group VII controlled substances, and effective January 1, 2005, for any class I, Group VI controlled substances, no person may import (except for transhipments or heels), at any time in any control period (except for controlled substances that are transformed or destroyed, or transfers of essential-use CFCs) in excess of the amount of unexpended essential-use allowances or exemptions as allocated under this section, or the amount of unexpended destruction and transformation credits obtained under § 82.9 held by that person under the authority of this subpart at that time for that control period. Every kilogram of excess importation (other than transhipments or heels) constitutes a separate violation of this subpart. It is a violation of this subpart to obtain virgin class I ODSs under the general laboratory exemption in excess of actual need and to recycle that material for sale into other markets.

* * * * *

(k) Prior to January 1, 1996, for all Groups of class I controlled substances, and prior to January 1, 2005, for class I, Group VI controlled substances, a person may not use production allowances to produce a quantity of a class I controlled substance unless that person holds under the authority of this subpart at the same time consumption allowances sufficient to cover that quantity of class I controlled substances nor may a person use consumption allowances to produce a quantity of class I controlled substances unless the person holds under authority of this subpart at the same time production allowances sufficient to cover that quantity of class I controlled substances. However, prior to January 1, 1996, for all class I controlled substances, and prior to January 1, 2005 for class I, Group VI controlled substances, only consumption allowances are required to import, with the exception of transhipments, heels and used controlled substances. Effective January 1, 1996, for all Groups of class I controlled substances, except Group VI, only essential-use allowances or exemptions are required to import class I controlled substances, with the exception of transhipments, heels, used controlled substances, and essential-use CFCs.

* * * * *

(t) Effective January 1, 1996, essential-use allowances are apportioned to a person under paragraphs (t)(2) and (t)(3) of this section for the exempted production or importation of specified class I controlled substances solely for the purposes listed in paragraphs (t)(1)(i) through (iii) of this section.

(1) * * *

(i) Metered dose inhalers (MDIs) for the treatment of asthma and chronic obstructive pulmonary disease that were approved by the Food and Drug Administration before December 31, 2000.

(ii) * * *

(iii) Laboratory and Analytical Uses (Defined at appendix G of this subpart).

(2) * * *

TABLE I.—ESSENTIAL USE ALLOCATION FOR CALENDAR YEAR 2002

Company	Chemical	Quantity (metric tons)
(i) Metered Dose Inhalers (for oral inhalation) for Treatment of Asthma and Chronic Obstructive Pulmonary Disease		
Armstrong Pharmaceuticals	CFC–11 or CFC–12 or CFC–114	343
Aventis	CFC–11 or CFC–12 or CFC–114	150
Boehinger Ingelheim Pharmaceuticals	CFC–11 or CFC–12 or CFC–114	743
Glaxo SmithKline	CFC–11 or CFC–12 or CFC–114	1016
Schering-Plough Corporation	CFC–11 or CFC–12 or CFC–114	949
Sidmak Laboratories Inc.	CFC–11 or CFC–12 or CFC–114	67
3M Pharmaceuticals	CFC–11 or CFC–12 or CFC–114	120
(ii) Cleaning, Bonding and Surface Activation Applications for the Space Shuttle Rockets and Titan Rockets		
National Aeronautics and Space Administration (NASA)/ Thiokol Rocket.	Methyl Chloroform	47
United States Air Force/Titan Rocket	Methyl Chloroform	3.4

(3) A global exemption for class I controlled substances for essential laboratory and analytical uses shall be in effect through December 31, 2005 subject to the restrictions in appendix G of this subpart, and subject to the record keeping and reporting requirements at § 82.13(u) through (z). There is no amount specified for this exemption.

(4) Any person using virgin class I ODSs produced under the authority of essential-use allowances or the essential-use exemption in paragraph (t)(3) of this section for anything other than an essential-use (i.e. for uses other than those specifically listed in paragraph (t)(1) of this section is in violation of this subpart. Each kilogram of virgin class I ODS produced or imported under the authority of essential-use allowances or the essential-use exemption and used for a non-essential-use is a separate violation of this subpart. Any person selling virgin class I material produced or imported under the authority of essential-use allowances or the

essential-use exemption for uses other than an essential-use is in violation of this subpart. Each kilogram of virgin class I ODS produced under the authority of essential-use allowances or the essential-use exemption and sold for a use other than an essential-use is a separate violation of this subpart. It is a violation of this subpart to obtain virgin class I ODSs under the general laboratory exemption in excess of actual need and to recycle that material for sale into other markets.

* * * * *

4. Section 82.9 is amended:

a. By revising the section heading.

b. By revising paragraphs (c) introductory text, (c)(1) introductory text, (c)(1)(iv), (c)(2)(iv), and (c)(4).

c. By adding paragraphs (c)(3)(v) and (g).

The revisions and additions read as follows:

§ 82.9 Availability of allowances in addition to baseline production allowances for class I ozone depleting substances—International transfers of production allowances, Article 5 allowances, essential-use allowances, and essential-use CFCs.

* * * * *

(c) A company may increase or decrease its production allowances, its Article 5 allowances, or its essential-use allowances for CFCs for use in essential MDIs, by trading with another Party to the Protocol according to the provision under this paragraph (c). A nation listed in appendix C to this subpart (Parties to the Montreal Protocol) must agree either to transfer to the person for the current control period some amount of production or import that the nation is permitted under the Montreal Protocol or to receive from the person for the current control period some amount of production or import that the person is permitted under this subpart. If the controlled substance is produced under the authority of production allowances and is to be returned to the Party from whom production allowances are received, the request for production allowances shall also be considered a request for consumption allowances under § 82.10(c). If the controlled substance is produced under the authority of production allowances and is to be sold in the United States or to another Party (not the Party from whom the allowances are received), the U.S. company must expend its consumption allowances allocated under § 82.6 and § 82.7 in order to produced with the additional production allowances.

(1) For trades from a Party, the person must obtain from the principal diplomatic representative in that nation's embassy in the United States a signed document stating that the appropriate authority within that nation has established or revised production limits for the nation to equal the lesser of the maximum production that the nation is allowed under the Protocol minus the amount transferred, the maximum production that is allowed under the nation's applicable domestic law minus the amount transferred, or the average of the nation's actual national production level for the three years prior to the transfer minus the production transferred. The person must submit to the Administrator a transfer request that includes a true copy of this document and that sets forth the following:

* * * * *

(iv) The chemical type, type of allowance being transferred, and the amount of allowances being transferred;

* * * * *

(2) * * *

(iv) The chemical type, type of allowance being transferred, and the level of allowances being transferred; and

(3) * * *

(v) In the case of transfer of essential-use allowances the Administrator may consider whether the CFCs will be used for production of essential MDIs.

* * * * *

(4) The Administrator will issue the person a notice either granting or deducting production allowances, Article 5 allowances, or essential-use allowances, and specifying the control period to which the transfer applies, provided that the request meets the requirement of paragraph (c)(1) of this sections for trades from Parties and paragraph (c)(2) of this section for trades to Parties, unless the Administrator has decided to disapprove the trade under paragraph (c)(3) of this section. For a trade from a Party, the Administrator will issue a notice that revises the allowances held by the person to equal the unexpended production, Article 5, or essential-use allowances held by the person under this subpart plus the level of allowable production transferred from the Party. For a trade to a Party, the Administrator will issue a notice that revises the production limit for the person to equal the lesser of:

(i) The unexpended production allowances, essential-use allowances, or Article 5 allowances held by the person under this subpart minus the amount transferred; or

(ii) The unexpended production allowances, essential-use allowances, or Article 5 allowances held by the person under this subpart minus the amount by which the United States average annual production of the controlled substance being traded for the three years prior to the transfer is less than the total production allowable for that substance under this subpart minus the amount transferred. The change in allowances will be effective on the date that the notice is issued.

* * * * *

(g) *International transfer of essential-use CFCs.* (1) For trades of essential-use CFCs where the transferee or the transferor is a person in another nation (Party), the transferee must submit the information requested in § 82.12(d)(2) and (d)(3), along with a signed document from the principal diplomatic representative in the Party's embassy in the United States stating that the appropriate authority within that nation has approved the transfer of the essential-use CFCs.

(2) If the transfer claim is complete, and EPA does not object to the transfer, then EPA will issue letters to the transferor and the transferee indicating that the transfer may proceed. EPA reserves the right to disallow a transfer if the transfer request is incomplete, or if it has reason to believe that the transferee plans to produce MDIs that are not essential MDIs. If EPA objects to the transfer, EPA will issue letters to the transferor and transferee stating the basis for disallowing the transfer. The burden of proof is placed on the transferee to retain sufficient records to prove that the transferred essential-use CFCs are used only for production of essential MDIs. If EPA ultimately finds that the transferee did not use the essential-use CFCs for production of essential MDIs then the transferee is in violation of this subpart.

* * * * *

5. Section 82.12 is amended by

a. Revising the section heading.

b. Revising paragraph (a)(1) introductory text.

c. Adding paragraph (d).

The revisions and additions read as follows:

§ 82.12 Domestic transfers for class I controlled substances.

(a) * * *

(1) Until January 1, 1996, for all class I controlled substances, except for Group VI, and until January 1, 2005, for Group VI, any person (''transferor'') may transfer to any other person (''transferee'') any amount of the transferor's consumption allowances or production allowances, and effective January 1, 1995, for all class I controlled substances any person (''transferor'') may transfer to any other person (''transferee'') any amount of the transferor's Article 5 allowances. After

January 1, 2002 any essential-use allowance holder (including those persons that hold essential-use allowances issued by a Party other than the United States) (''transferor'') may transfer essential-use allowances for CFCs to a metered dose inhaler company solely for the manufacture of essential MDIs.

* * * * *

(d) *Transfers of essential-use CFCs.* (1) Effective January 1, 2002, any metered dose inhaler company (transferor) may transfer essential-use CFCs to another metered dose inhaler company (transferee) provided that the Administrator approves the transfer.

(2) The transferee must submit a transfer claim to the Administrator for approval before the transfer can take place. The transfer claim must set forth the following:

(i) The identities and addresses of the transferor and the transferee;

(ii) The name and telephone numbers of contact persons for the transferor and the transferee.

(iii) The amount of each controlled substance (CFC–11, CFC–12, or CFC–114) being transferred.

(iv) The specific metered dose inhaler products (*i.e.* the MDI drug product or active moiety) that the transferee plans to produce with the transferred CFCs.

(v) The country(ies) where the CFC metered dose inhalers produced with the transferred essential-use CFCs will be sold if other than in the United States.

(vi) Certification that the essential-use CFCs will be used in the production of essential MDIs. If the MDIs are to be sold in the United States, the certification must state that MDIs produced with the transferred essential-use CFCs are listed as essential at 21 CFR 2.125, and were approved by the Food and Drug Administration before December 31, 2000. If the MDIs produced with the essential-use CFCs are to be sold outside the United States, the transferee must certify that the metered dose inhalers produced with the essential-use CFCs are considered essential by the importing country.

(3) The transferor must submit a letter stating that it concurs with the terms of the transfer as requested by the transferee.

(4) Once the transfer claim is complete, and if EPA does not object to the transfer, then EPA will issue letters to the transferor and the transferee within 10 business days indicating that the transfer may proceed. EPA reserves the right to disallow a transfer if the transfer request is incomplete, or if it has reason to believe that the transferee plans use the essential-use CFCs in anything other than essential MDIs. If EPA objects to the transfer, within EPA will issue letters to the transferor and transferee stating the basis for disallowing the transfer. The burden of proof is placed on the transferee to retain sufficient records to prove that the transferred essential-use CFCs are used only for production of essential MDIs. If EPA ultimately finds that the transferee did not use the essential-use CFCs for production of essential MDIs then the transferee is in violation of this subpart.

* * * * *

6. Section 82.13 is amended:

a. By revising paragraphs (f)(2)(xv) and (f)(3)(xii).

b. By revising paragraphs (g)(1)(xvi) and (g)(4)(xiii).

c. By revising paragraph (u).

d. By revising paragraph (v).

e. By revising paragraph (y) introductory text.

The revisions read as follows:

§ 82.13 Recordkeeping and reporting requirements.

* * * * *

(f) * * *

(2) * * *

(xv) Written certifications that quantities of controlled substances, meeting the purity criteria in appendix G of this subpart, were purchased by distributors of laboratory supplies or by laboratory customers to be used only in essential laboratory and analytical uses as defined by appendix G, and not to be resold or used in manufacturing.

* * * * *

(3) * * *

(xii) In the case of laboratory essential-uses, certifications from distributors of laboratory supplies that controlled substances were purchased for sale to laboratory customers who certify that the substances will only be used for essential laboratory and analytical uses as defined by appendix G of this subpart, and will not be resold or used in manufacturing; or, if sales are made directly to laboratories, certification from laboratories that the controlled substances will only be used for essential laboratory and analytical uses (defined at appendix G of this subpart) and will not be resold or used in manufacturing.

* * * * *

(g) * * *

(1) * * *

(xvi) Copies of certifications that imported controlled substances are being purchased for essential laboratory and analytical uses (defined at appendix G of this subpart) or being purchased for eventual sale to laboratories that certify that controlled substances are for essential laboratory and analytical uses (defined at appendix G of this subpart).

* * * * *

(4) * * *

(xiii) The certifications from essential-use allowance holders stating that the controlled substances were purchased solely for specified essential-uses and will not be resold or used in manufacturing; and the certifications from distributors of laboratory supplies that the controlled substances were purchased solely for eventual sale to laboratories that certify the controlled substances are for essential laboratory and analytical uses (defined at appendix G of this subpart), or if sales are made directly to laboratories, certifications from laboratories that the controlled substances will only be used for essential laboratory and analytical uses (defined at appendix G of this subpart) and will not be resold or used in manufacturing.

* * * * *

(u) Any person allocated essential-use allowances who submits an order to a producer or importer for a controlled substance must report the quarterly quantity received from each producer or importer.

(v) Any distributor of laboratory supplies receiving controlled substances under the global laboratory essential-use exemption for sale to laboratory customers must report quarterly the quantity received of each controlled substance from each producer or importer.

* * * * *

(y) A laboratory customer purchasing a controlled substance under the global laboratory essential-use exemption must provide the producer, importer or distributor with a one-time-per-year certification for each controlled substance that the substance will only be used for essential laboratory and analytical uses (defined at appendix G of this subpart) and not be resold or used in manufacturing. The certification must also include:

* * * * *

7. The heading and paragraph 1 of appendix G to subpart A is revised to read as follows:

Appendix G to Subpart A of Part 82—UNEP Recommendations for Conditions Applied to Exemption for Essential Laboratory and Analytical Uses

1. Essential laboratory and analytical uses are identified at this time to include equipment calibration; use as extraction solvents, diluents, or carriers for chemical analysis; biochemical research; inert solvents

for chemical reactions, as a carrier or laboratory chemical and other critical analytical and laboratory purposes. Pursuant to Decision XI/15 of the Parties to the Montreal Protocol, effective January 1, 2002 the following uses of class I controlled substances are not considered essential under the global laboratory exemption:

a. Testing of oil and grease, and total petroleum hydrocarbons in water;

b. Testing of tar in road-paving materials; and

c. Forensic finger printing.

Production for essential laboratory and analytical purposes is authorized provided that these laboratory and analytical chemicals shall contain only controlled substances manufactured to the following purities:

CTC (reagent grade)—99.5
1,1,1,trichloroethane—99.5
CFC-11—99.5
CFC-13—99.5
CFC-12—99.5
CFC-113—99.5
CFC-114—99.5
Other w/ Boiling P>20 degrees C—99.5
Other w/ Boiling P<20 degrees C—99.0

* * * * *

[FR Doc. 01–27383 Filed 10–31–01; 8:45 am]

BILLING CODE 6560–50–P

DEPARTMENT OF DEFENSE

48 CFR Part 203

[DFARS Case 99–D028]

Defense Federal Acquisition Regulation Supplement; Anticompetitive Teaming

AGENCY: Department of Defense (DoD).

ACTION: Proposed rule with request for comments.

SUMMARY: DoD is proposing to amend the Defense Federal Acquisition Regulation Supplement (DFARS) to add policy addressing exclusive teaming arrangements. The proposed amendments specify that certain exclusive teaming arrangements may evidence violations of the antitrust laws.

DATES: Comments on the proposed rule should be submitted in writing to the address specified below on or before December 31, 2001, to be considered in the formation of the final rule.

ADDRESSES: Respondents may submit comments directly on the World Wide Web at *http://emissary.acq.osd.mil/dar/dfars.nsf/pubcomm.* As an alternative, respondents may e-mail comments to: http:dfars@acq.osd.mil. Please cite DFARS Case 99–D028 in the subject line of e-mailed comments.

Respondents that cannot submit comments using either of the above methods may submit comments to: Defense Acquisition Regulations Council, Attn: Ms. Susan Schneider, OUSD(AT&L)DP(DAR), IMD 3C132, 3062 Defense Pentagon, Washington, DC 20301–3062; facsimile (703) 602–0350. Please cite DFARS Case 99–D028.

At the end of the comment period, interested parties may view public comments on the World Wide Web at http://emissary.acq.osd.mil/dar/dfars.nsf.

FOR FURTHER INFORMATION CONTACT: Ms. Susan Schneider, (703) 602–0326. Please cite DFARS Case 99–D028.

SUPPLEMENTARY INFORMATION:

A. Background

This proposed rule amends DFARS Subpart 203.3 to add a definition of ''exclusive teaming arrangement'' and to specify that certain exclusive teaming arrangements may evidence violations of the antitrust laws. DoD previously published a proposed rule on this subject at 64 FR 63002, November 18, 1999. As a result of public comments received on the previous proposed rule, DoD is publishing this revised proposed rule to clarify that not all exclusive teaming arrangements evidence violations of the antitrust laws.

This rule was not subject to Office of Management and Budget review under Executive Order 12866, dated September 30, 1993.

B. Regulatory Flexibility Act

The proposed rule is not expected to have a significant economic impact on a substantial number of small entities within the meaning of the Regulatory Flexibility Act, 5 U.S.C. 601, *et seq.*, because DoD does not expect frequent use of anticompetitive teaming arrangements by contractors or subcontractors. Therefore, DoD has not performed an initial regulatory flexibility analysis. DoD invites comments from small businesses and other interested parties. DoD also will consider comments from small entities concerning the affected DFARS subpart in accordance with 5 U.S.C. 610. Such comments should be submitted separately and should cite DFARS Case 99–D028.

C. Paperwork Reduction Act

The Paperwork Reduction Act does not apply because the rule does not impose any information collection requirements that require the approval of the Office of Management and Budget under 44 U.S.C. 3501, *et seq.*

List of Subjects in 48 CFR Part 203

Government procurement.

Michele P. Peterson,

Executive Editor, Defense Acquisition Regulations Council.

Therefore, DoD proposes to amend 48 CFR part 203 as follows:

1. The authority citation for 48 CFR part 203 continues to read as follows:

Authority: 41 U.S.C. 421 and 48 CFR Chapter 1.

PART 203—IMPROPER BUSINESS PRACTICES AND PERSONAL CONFLICTS OF INTEREST

2. Sections 203.302 and 203.303 are added to read as follows:

203.302 Definitions.

Exclusive teaming arrangement means that two or more companies agree, in writing, through understandings, or by any other means, to team together on a procurement and further agree not to team with any other competitors on that procurement.

203.303 Reporting suspected antitrust violations.

(c)(i) Practices or events that may evidence violations of the antitrust laws also include exclusive teaming arrangements when all of the following conditions exist:

(A) One or a combination of the companies participating on the team is the sole provider of a product or service that is essential for contract performance;

(B) The teaming arrangement impairs competition; and

(C) Government efforts to eliminate the teaming arrangement are not successful.

(ii) This policy applies only to exclusive teaming arrangements that meet all three of the conditions in paragraph (c)(i) of this section and should not be misconstrued to imply that all exclusive teaming arrangements evidence violations of the antitrust laws.

[FR Doc. 01–27370 Filed 10–31–01; 8:45 am]

BILLING CODE 5000–04–U

Notices

Federal Register

Vol. 66, No. 212

Thursday, November 1, 2001

This section of the FEDERAL REGISTER contains documents other than rules or proposed rules that are applicable to the public. Notices of hearings and investigations, committee meetings, agency decisions and rulings, delegations of authority, filing of petitions and applications and agency statements of organization and functions are examples of documents appearing in this section.

ENVIRONMENTAL PROTECTION AGENCY

[OPP–66296 FRL–6808–4]

Oxadixyl; Cancellation Order

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice.

SUMMARY: This notice announces a cancellation order that was signed September 27, 2001, ordering cancellations as requested by Syngenta Crop Protection, Inc., and Gustafson LLC for registrations of pesticide products containing 2-methoxy-N-(2-oxo-1,3-oxazolidin-3-yl)-acet-2',6'-xylidide (oxadixyl) and accepted by EPA, pursuant to section 6(f) of the Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA). This order follows up an August 15, 2001, notice of receipt of requests for registration cancellations. In that notice, EPA requested comments on the proposed cancellations and indicated that it would issue an order confirming the voluntary registration cancellations. Any distribution, sale, or use of canceled oxadixyl products is only permitted in accordance with the terms of the existing stocks provisions of this cancellation order.

DATES: The cancellations were effective September 27, 2001.

FOR FURTHER INFORMATION CONTACT: John W. Pates, Jr., Special Review and Reregistration Division (7508C), Office of Pesticide Programs, Environmental Protection Agency, 1200 Pennsylvania Ave., NW., Washington, DC 20460, telephone number: (703) 308–8195; fax number: (703) 308–7042; e-mail address: pates.john@epamail.epa.gov.

SUPPLEMENTARY INFORMATION:

I. General Information

A. Does this Action Apply to Me?

This action is directed to the public in general. You may be potentially affected by this action if you manufacture, sell, distribute, or use oxadixyl products. The Congressional Review Act, 5 U.S.C. 801, *et seq.* as added by the Small Business Regulatory Enforcement Fairness Act of 1996, does not apply because this action is not a rule, for purposes of 5 U.S.C. 804(3). Since other entities may also be interested, the Agency has not attempted to describe all the specific entities that may be affected by this action. If you have any questions regarding the applicability of this action to a particular entity, consult the person listed under **FOR FURTHER INFORMATION CONTACT.**

B. How Can I Get Additional Information, Including Copies of this Document and Other Related Documents?

1. *Electronically.* You may obtain electronic copies of this document, and certain other related documents that might be available electronically, from the EPA Internet Home Page at http://www.epa.gov/. To access this document, on the Home Page select ''Laws and Regulations,'' ''Regulations and Proposed Rules,'' and then look up the entry for this document under the ''**Federal Register**—Environmental Documents.'' You can also go directly to the **Federal Register** listings at http://www.epa.gov/fedrgstr/. A fact sheet on oxadixyl and the voluntary cancellation decision is also available on EPA's website at http://www.epa.gov/pesticides/reregistration/status.htm.

2. *In person.* The Agency has established an official record for this action under docket control number OPP–66296. The official record consists of the documents specifically referenced in this action, any public comments received during an applicable comment period, and other information related to this action, including any information claimed as Confidential Business Information (CBI). This official record includes the documents that are physically located in the docket, as well as the documents that are referenced in those documents. The public version of the official record does not include any information claimed as CBI. The public version of the official record, which includes printed, paper versions of any electronic comments submitted during an applicable comment period, is available for inspection in the Public Information and Records Integrity Branch (PIRIB), Rm. 119, Crystal Mall #2, 1921 Jefferson Davis Hwy., Arlington, VA, from 8:30 a.m. to 4 p.m., Monday through Friday, excluding legal holidays. The PIRIB telephone number is (703) 305–5805.

II. Receipt of Request to Cancel Registrations

A. Background

Oxadixyl is a member of the phenylamide family and is a systemic fungicide for seed treatment, which is registered for use on alfalfa, barley, beans, beets (garden), broccoli, Brussels sprouts, buckwheat, cabbage, carrot (including tops), cauliflower, celery, clover, collards, corn (field corn, pop corn, sweet corn), cotton, cucumber, eggplant, gourds, grass forage/fodder/hay, kale, kohlrabi, lespedeza, lettuce, lupine, melons (water melons, cantaloupe), millet (proso-broomcorn), mustard, oats, parsley, parsnip, peas, pepper (chili type), pimento, pumpkin, radish, rape, rhubarb, rutabaga, rye, sorghum, soybeans, spinach, squash (summer, winter), sugar beet, sunflower, tomato, trefoil, triticale, turnip, vetch, golf course turf, and residential lawns.

On April 23, 2001, and on May 11, 2001, the Agency received letters from Gustafson LLC (end-use product registrant) and Syngenta Crop Protection, Inc. (technical and end-use product registrant), respectively, requesting voluntary cancellation of all their products containing oxadixyl. Over the years, the market for these products has declined.

Pursuant to section 6(f)(1) of the Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA), EPA announced receipt of this request from Syngenta Crop Protection, Inc. and Gustafson LLC in a **Federal Register** Notice published on August 15, 2001 (66 FR 42854) (FRL–6796–4). Relative to the notice, EPA provided a 30–day period. Both registrants requested that the Administrator waive the 180–day comment period provided under FIFRA section 6(f)(1)(c), and EPA granted these requests.

No public comments were received during the 30–day comment period.

B. Requests for Voluntary Cancellation of Products

Pursuant to FIFRA section 6(f)(1)(A), the registrants submitted requests for

voluntary cancellation of registrations for their products containing oxadixyl. The registrations for which cancellations were requested are identified in the following Table 1.

TABLE 1.—PRODUCT REGISTRATION CANCELLATION REQUESTS

Company	Registration Number	Product
Syngenta Crop Protection, Inc	100–857 100–858	Oxadixyl Technical Fungicide Sandofan 31F Fungicide
Gustafson LLC	7501–97	Anchor Flowable Fungicide

III. Cancellation Order

Pursuant to section 6(f)(1)(A) of FIFRA, EPA has approved the requested registration cancellations. Accordingly, the Agency orders that the registrations identified in Table 1 are canceled. Any distribution, sale, or use of existing stocks of the products identified in Table 1 in a manner inconsistent with the terms of this Order or the Existing Stock Provisions in Unit IV. of this **Federal Register** Notice will be considered a violation of section 12(a)(2)(K) of FIFRA and/or section 12(a)(1)(A) of FIFRA.

IV. Existing Stocks Provisions

For purposes of this Order, the term ''existing stocks'' is defined, pursuant to EPA's existing stocks policy June 26, 1991 (56 FR 29362) (FRL–3846–4), as those stocks of a registered pesticide product which are currently in the United States and which have been packaged, labeled, and released for shipment prior to the effective date of cancellation.

A. Sale and distribution

All sale and distribution of the existing stocks shall be unlawful as of 1 year from the effective date of the cancellation order, except for the purposes of shipping such stocks for export consistent with section 17 of FIFRA or for proper disposal.

B. Use of the Existing Stocks by Persons Other Than the Registrants Shall Be Legal Until Such Stocks Are Exhausted.

V. Notification of Intent to Revoke Tolerances

This Notice also serves as an advance notification that the Agency intends to revoke the related tolerance listed in 40 CFR, for the canceled registrations listed in this notice, unless there is a request from the public to support the tolerance for import purposes.

It is EPA's general practice to propose revocation of tolerances for residues of pesticide active ingredients for which FIFRA registrations no longer exist, to protect the food supply of the U.S. and to discourage the misuse of pesticides within the United States. In many cases the cancellation of a food use in the U.S. indicates that there are insufficient domestic residue data or other information to support the continuation of the tolerance and an uncertain amount of relevant data concerning residues on imported food. In the absence of relevant data, EPA is unable to make a safety finding regarding the treated food entering the U.S. Upon request, EPA will provide interested parties with its import tolerance policy and data requirements, explaining how an interested party should go about seeking to retain a tolerance for import purposes.

List of Subjects

Environmental protection, Pesticides and pests.

Dated: October 25, 2001.

Lois A. Rossi,

Director, Special Review and Reregistration Division, Office of Pesticide Programs.

[FR Doc. 01–27468 Filed 10–31–01; 8:45 am]

BILLING CODE 6560–50–S

DEPARTMENT OF AGRICULTURE

Rural Utilities Service

Financing for Household Water Well Systems

AGENCY: Rural Utilities Service, USDA.

ACTION: Notice.

SUMMARY: The Water and Environmental Program within the Rural Utilities Service (RUS) seeks written comments on the need for a program which is specifically tailored to financing household wells, both new wells and well repairs.

DATES: Interested parties must submit written comments on or before December 31, 2001.

ADDRESSES: Submit written comments to Robin Meigel, Finance Specialist, Rural Utilities Service, United States Department of Agriculture, 1400 Independence Ave., SW., stop 1569, room 1246, Washington, DC 20250–1569. RUS requires, in hard copy, a signed original and 3 copies of all comments (7 CFR 1700.4). In addition, parties may submit an electronic version by e-mail in either WordPerfect or MSWord format to *rmeigel@rus.usda.gov.* Comments will be available for public inspection during normal business hours (7 CFR part 1).

FOR FURTHER INFORMATION CONTACT: For further information contact Robin Meigel, Finance Specialist, Rural Utilities Service, United States Department of Agriculture, 1400 Independence Ave., SW., stop 1569, room 1246, Washington, DC 20250–1569. Phone: 202–720–9452. Fax: 202–720–7491. E-mail: *rmeigel@rus.usda.gov.*

Background

The conference committee resolving differences in the legislation for appropriations for the U.S. Department of Agriculture (''USDA'') for the fiscal year ending September 30, 2001 issued Conference Report 106–948, ordered to be printed on October 6, 2000. In this report, the conferees directed USDA to fund the completion of a study by the National Ground Water Association that would identify and develop strategies to address economic, legal, technological, or public health issues that must be addressed prior to developing a publicly financed program to assist individual low and moderate income households to secure financing for the installation or refurbishing of individually owned household water well systems.

In accordance with this directive, an advisory and assistance contract has been entered into with the National Ground Water Association for the purposes stated. USDA also invites the views of all interested parties on this topic.

Dated: October 26, 2001.

Hilda Gay Legg,

Administrator, Rural Utilities Service.

[FR Doc. 01–27478 Filed 10–31–01; 8:45 am]

BILLING CODE 3410–15–P

COMMISSION ON CIVIL RIGHTS

Sunshine Act Notice

AGENCY: U.S. Commission on Civil Rights.

DATE AND TIME: Friday, November 9, 2001, 9:30 a.m.

PLACE: Commission on Civil Rights, 624 Ninth Street, NW., Room 540, Washington, DC 20425.

STATUS:

Agenda

I. Approval of Agenda
II. Approval of Minutes of October 12, 2001 Meeting

III. Announcements
IV. Staff Director's Report
V. State Advisory Committee Appointments for Alaska, California, Iowa, Mississippi, New Jersey, Nevada, North Carolina, South Carolina, Vermont, and Washington
VI. Election Reform Recommendations
VII. Future Agenda Items

CONTACT PERSON FOR FURTHER INFORMATION: David Aronson, Press and Communications (202) 376–8312.

Michael L. Foreman,

Acting Deputy General Counsel.

[FR Doc. 01–27606 Filed 10–30–01; 2:46 pm]

BILLING CODE 6335–0–M

DEPARTMENT OF COMMERCE

Submission for OMB Review; Comment Request

DOC has submitted to the Office of Management and Budget (OMB) for clearance the following proposal for collection of information under the provisions of the Paperwork Reduction Act of 1995, Public Law 104–13.

Bureau: International Trade Administration.

Title: Information for Assessment of U.S. Domestic Steel Capacity Pursuant to President's Steel Initiative.

Agency Form Number: N/A.

OMB Number: None.

Type of Request: Emergency Submission.

Burden: 175 hours.

Number of Respondents: 35.

Avg. Hours Per Response: 5 hours.

Needs and Uses: The Administration is currently conducting multilateral negotiations on global overcapacity with steel producers as part of the President's Steel Initiative announced on June 5, 2001. During the first round of negotiations held at the Organization for Economic Co-operation and Development (OECD) in September 2001, there was consensus among the 39 participating governments that the global excess of inefficient steelmaking capacity is a central problem affecting the steel trade. The participants at the OECD meeting recognized the differences among governments regarding definitions of inefficient or excess capacity, and acknowledged that in market-oriented economies, decisions to reduce capacity will be decided by individual firms, not governments. Therefore, they proposed that the negotiations proceed with a ''self assessment'' in which each participating governments agreed to consult with individual steel producers in their own countries over the next two months and evaluate the long term economic viability of their steel facilities in an open global market, identify the response of their steel companies to changing competitive conditions in world steel markets in recent years, and consider what further actions their industry is likely to take. The results of these government/producer consultations would then be discussed at the next round of negotiations, currently scheduled to take place in December 2001. The Department must collect certain information from major U.S. steel producers to conduct the self assessment and evaluation required to support these negotiations.

Affected Public: Businesses or other for-profits.

Frequency: Once.

Respondent's Obligation: Voluntary.

OMB Desk Officer: David Rostker, (202) 395–3897.

Copies of the above information collection proposal can be obtained by calling or writing Madeleine Clayton, Departmental Paperwork Clearance Officer, (202) 482–3129, Department of Commerce, Room 6086, 14th and Constitution, NW., Washington, DC 20230 or via internet at *MClayton@doc.gov.*

Written comments and recommendations for the proposed information collection should be sent to David Rostker, OMB Desk Officer, Room 10202, New Executive Office Building, Washington, DC 20503 within 5 days of the publication of this notice in the **Federal Register**.

Dated: October 26, 2001.

Madeleine Clayton,

Departmental Paperwork Clearance Officer, Office of the Chief Information Officer.

[FR Doc. 01–27407 Filed 10–31–01; 8:45 am]

BILLING CODE 3510–DS–P

DEPARTMENT OF COMMERCE

International Trade Administration

[A–475–818, A–489–805]

Certain Pasta from Italy and Turkey: Extension of Final Results of Antidumping Duty Administrative Reviews

AGENCY: Import Administration, International Trade Administration, Department of Commerce.

EFFECTIVE DATE: November 1, 2001.

FOR FURTHER INFORMATION CONTACT: Lyman Armstrong at (202) 482–3601, Office of AD/CVD Enforcement VI, Group II, Import Administration, International Trade Administration, U.S. Department of Commerce, 14th Street and Constitution Ave, NW., Washington, DC 20230.

Time Limits

Statutory Time Limits

Section 751(a)(3)(A) of the Tariff Act of 1930, as amended (the Act), requires the Department to issue (1) the preliminary results of a review within 245 days after the last day of the month in which occurs the anniversary of the date of publication of an order or finding for which a review is requested, and (2) the final results within 120 days after the date on which the preliminary results are published. However, if it is not practicable to complete the review within that time period, section 751(a)(3)(A) of the Act allows the Department to extend the time limit for the preliminary results to a maximum of 365 days and the final results to a maximum of 180 days (or 300 days if the Department does not extend the time limit for the preliminary results) from the date of the publication of the preliminary results.

Background

On September 6, 2000, the Department published a notice of initiation of the administrative reviews of the antidumping duty orders on certain pasta from Italy and Turkey, covering the period July 1, 1999 to June 30, 2000 (65 FR 53980). On June 28, 2001, the Department issued the preliminary results of these reviews (66 FR 34414, 66 FR 34410). The final results are currently due no later than October 26, 2001.

Extension of Final Results of Reviews

We determine that it is not practicable to complete the final results of these reviews within the original time limits. Therefore, we are extending the time limits for completion of the final results until no later than December 25, 2001. *See* Decision Memorandum from Melissa Skinner to Holly Kuga, dated October 26, 2001, which is on file in the Central Records Unit, B–099 of the main Commerce Building.

This extension is in accordance with section 751(a)(3)(A) of the Act.

Dated: October 26, 2001.

Holly Kuga,

Acting Deputy Assistant Secretary for Import Administration.

[FR Doc. 01–27482 Filed 10–31–01; 8:45 am]

BILLING CODE 3510–DS–P

DEPARTMENT OF COMMERCE

International Trade Administration

[A–583–831]

Certain Stainless Steel Sheet and Strip in Coils From Taiwan: Extension of Final Determination of Antidumping Duty Administrative Review

AGENCY: Import Administration, International Trade Administration, Department of Commerce.

ACTION: Notice of extension of time limit for final determination of antidumping duty administrative review.

SUMMARY: The Department of Commerce (''the Department'') is extending the time limit for the final determination of the review of stainless steel sheet and strip in coils from Taiwan. This review covers the period June 8, 1999 through June 30, 2000.

EFFECTIVE DATE: November 1, 2001.

FOR FURTHER INFORMATION CONTACT: Stephen Bailey, Enforcement Group III—Office 9, Import Administration, International Trade Administration, U.S. Department of Commerce, 14th Street and Constitution Avenue, NW., Washington, DC 20230; telephone (202) 482–1102.

SUPPLEMENTARY INFORMATION:

Applicable Statute

Unless otherwise indicated, all citations to the Tariff Act of 1930, as amended (''the Act''), are to the provisions effective January 1, 1995, the effective date of the amendments made to the Act by the Uruguay Round Agreements Act (''URAA''). In addition, unless otherwise indicated, all citations to the Department's regulations are to 19 CFR part 351 (2000).

Background

On September 6, 2000, the Department published a notice of initiation of this antidumping duty administrative review for the period of January 4, 1999 through June 30, 2000 (65 FR 53980). On November 30, 2000, the Department published a notice of initiation of this antidumping duty administrative review for the correct period of June 8, 1999 through June 30, 2000.

Extension of Time Limit for Preliminary Results

Section 751(a)(3)(A) of the Act states that if it is not practicable to complete the review within the time specified, the administering authority may extend the 120-day period, following the date of publication of the preliminary determination, to issue its final results by an additional 60 days. Completion of the final results within the 120-day period is not practicable for the following reasons:

- This review involves certain complex issues (*i.e.*, identification of home market sales).
- Yieh United Steel Corporation has been instructed to revise certain significant portions of its responses during this review.
- The review involves a large number of transactions and complex adjustments.
- The review involves middleman dumping issues.

Therefore, in accordance with section 751(a)(3)(A) of the Act, the Department is extending the time period for issuing the final determination of review by 60 days until February 4, 2002.

Dated: October 25, 2001.

Edward C. Yang,

Acting Deputy Assistant Secretary for Import Administration.

[FR Doc. 01–27394 Filed 10–31–01; 8:45 am]

BILLING CODE 3510–DS–P

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

[I.D. 102601A]

Proposed Information Collection; Comment Request; Northeast Region Raised Footrope Whiting Trawl Exemption Requests and Notifications

AGENCY: National Oceanic and Atmospheric Administration (NOAA).

ACTION: Notice.

SUMMARY: The Department of Commerce, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995, Pub. L. 104–13 (44 U.S.C. 3506 (c)(2)(A)).

DATES: Written comments must be submitted on or before [*December 31, 2001*].

ADDRESSES: Direct all written comments to Madeleine Clayton, Departmental Paperwork Clearance Officer, Department of Commerce, Room 6086, 14th and Constitution Avenue NW, Washington DC 20230 (or via the Internet at MClayton@doc.gov).

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of the information collection instrument(s) and instructions should be directed to Peter Christopher, NMFS, 1 Blackburn Drive, Gloucester, MA 01930 (phone 978–281–9288).

SUPPLEMENTARY INFORMATION:

I. Abstract

The Massachusetts Division of Marine Fisheries has been conducting an experimental fishery, referred to as the Raised Footrope Whiting Trawl Experimental Fishery (Raised Footrope Experiment), to allow trawlers to target whiting, red hake, dogfish and other small mesh species using a raised footrope trawl. The experiment was designed to assess the effectiveness of a raised footrope small mesh otter trawl in reducing bycatch of regulated multispecies. Framework Adjustment 35 to the Multispecies Fishery Management Plan made the Raised Footrope Experiment a multispecies exempted fishery. The collection-of-information requirements are: (1) a request for a certificate to fish in the Raised Footrope Whiting Trawl Exemption, and (2) a notification of intention to withdraw from the Raised Footrope Whiting Trawl Exemption. Requests for a certificate identify the person, the vessel name, the permit number, and how long he/she intends to fish in the exemption area (no less than 7 days but not more than 4 months). These collection-of-information requirements were approved by OMB under emergency procedures for 6 months; NOAA is soliciting comments on its intent to request a 3–year Paperwork Reduction Act approval for the requirements.≤

II. Method of Collection

Requests and notifications are made by telephone.

III. Data

OMB Number: 0648–0422.
Form Number: None.
Type of Review: Regular submission.
Affected Public: Business and other for-profit organizations (commercial fishermen).
Estimated Number of Respondents: 288.
Estimated Time Per Response: 2 minutes.
Estimated Total Annual Burden Hours: 230 hours.
Estimated Total Annual Cost to Public: $2,419.

IV. Request for Comments

Comments are invited on: (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden

(including hours and cost) of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval of this information collection; they also will become a matter of public record.

Dated: October 25, 2001.

Gwellnar Banks,

Management Analyst, Office of the Chief Information Officer.

[FR Doc. 01–27481 Filed 10–31–01; 8:45 am]

BILLING CODE 3510–22–S

COMMITTEE FOR THE IMPLEMENTATION OF TEXTILE AGREEMENTS

Adjustment of Import Limits for Certain Cotton and Man-Made Fiber Textile Products Produced or Manufactured in the Arab Republic of Egypt

October 26, 2001.

AGENCY: Committee for the Implementation of Textile Agreements (CITA).

ACTION: Issuing a directive to the Commissioner of Customs adjusting limits.

EFFECTIVE DATE: November 1, 2001.

FOR FURTHER INFORMATION CONTACT: Roy Unger, International Trade Specialist, Office of Textiles and Apparel, U.S. Department of Commerce, (202) 482–4212. For information on the quota status of these limits, refer to the Quota Status Reports posted on the bulletin boards of each Customs port, call (202) 927–5850, or refer to the U.S. Customs website at http://www.customs.gov. For information on embargoes and quota re-openings, refer to the Office of Textiles and Apparel website at http://www.otexa.ita.doc.gov.

SUPPLEMENTARY INFORMATION:

Authority: Section 204 of the Agricultural Act of 1956, as amended (7 U.S.C. 1854); Executive Order 11651 of March 3, 1972, as amended.

The current limits for certain categories are being adjusted for swing and carryover.

A description of the textile and apparel categories in terms of HTS numbers is available in the CORRELATION: Textile and Apparel Categories with the Harmonized Tariff Schedule of the United States (see **Federal Register** notice 65 FR 82328, published on December 28, 2000). Also see 65 FR 66721, published on November 7, 2000.

D. Michael Hutchinson,

Acting Chairman, Committee for the Implementation of Textile Agreements.

Committee for the Implementation of Textile Agreements

October 26, 2001.

Commissioner of Customs,
Department of the Treasury, Washington, DC 20229.

Dear Commissioner: This directive amends, but does not cancel, the directive issued to you on October 26, 2000, by the Chairman, Committee for the Implementation of Textile Agreements. That directive concerns imports of certain cotton, wool and man-made fiber textile products, produced or manufactured in Egypt and exported during the twelve-month period which began on January 1, 2001 and extends through December 31, 2001.

Effective on November 1, 2001, you are directed to adjust the limits for the following categories, as provided for under the Uruguay Round Agreement on Textiles and Clothing:

Category	Adjusted twelve-month limit [1]
Fabric Group 218–220, 224–227, 313–O [2], 314–O [3], 315–O [4], 317–O [5] and 326–O [6], as a group.	137,016,868 square meters.
Sublevel within Fabric Group 227	27,013,902 square meters.
Levels not in a group 300/301	15,668,997 kilograms of which not more than 4,914,348 kilograms shall be in Category 301.

[1] The limits have not been adjusted to account for any imports exported after December 31, 2000.

[2] Category 313–O: all HTS numbers except 5208.52.3035, 5208.52.4035 and 5209.51.6032.

[3] Category 314–O: all HTS numbers except 5209.51.6015.

[4] Category 315–O: all HTS numbers except 5208.52.4055.

[5] Category 317–O: all HTS numbers except 5208.59.2085.

[6] Category 326–O: all HTS numbers except 5208.59.2015, 5209.59.0015 and 5211.59.0015.

The Committee for the Implementation of Textile Agreements has determined that these actions fall within the foreign affairs exception of the rulemaking provisions of 5 U.S.C. 553(a)(1).

Sincerely,
D. Michael Hutchinson,
Acting Chairman, Committee for the Implementation of Textile Agreements.

[FR Doc. 01–27429 Filed 10–31–01; 8:45 a.m.]

BILLING CODE 3510–DR–S

COMMITTEE FOR THE IMPLEMENTATION OF TEXTILE AGREEMENTS

Adjustment of an Import Limit for Certain Wool Textile Products Produced or Manufactured in Russia

October 26, 2001.

AGENCY: Committee for the Implementation of Textile Agreements (CITA).

ACTION: Issuing a directive to the Commissioner of Customs adjusting a limit.

EFFECTIVE DATE: November 1, 2001.

FOR FURTHER INFORMATION CONTACT: Naomi Freeman, International Trade Specialist, Office of Textiles and Apparel, U.S. Department of Commerce, (202) 482–4212. For information on the quota status of this limit, refer to the Quota Status Reports posted on the bulletin boards of each Customs port, call (202) 927–5850, or refer to the U.S. Customs Web site at *http://www.customs.gov*. For information on embargoes and quota re-openings, refer to the Office of Textiles and Apparel Web site at *http://otexa.ita.doc.gov*.

SUPPLEMENTARY INFORMATION:

Authority: Section 204 of the Agricultural Act of 1956, as amended (7 U.S.C. 1854); Executive Order 11651 of March 3, 1972, as amended.

The current limit for Category 435 is being increased for carryover.

A description of the textile and apparel categories in terms of HTS numbers is available in the CORRELATION: Textile and Apparel Categories with the Harmonized Tariff Schedule of the United States (see **Federal Register** notice 65 FR 82328, published on December 28, 2000). Also see 66 FR 28425, published on May 23, 2001.

D. Michael Hutchinson,

Acting Chairman, Committee for the Implementation of Textile Agreements.

Committee for the Implementation of Textile Agreements

October 26, 2001.

Commissioner of Customs,
Department of the Treasury, Washington, DC 20229.

Dear Commissioner: This directive amends, but does not cancel, the directive issued to you on May 18, 2001, by the Chairman, Committee for the Implementation of Textile Agreements. That directive

concerns imports of certain wool textile products, produced or manufactured in Russia and exported during the twelve-month period which began on January 1, 2001 and extends through December 31, 2001.

Effective on November 1, 2001, you are directed to increase the current limit for Category 435 to 61,276 dozen [1], as provided for under the Uruguay Round Agreement on Textiles and Clothing.

The Committee for the Implementation of Textile Agreements has determined that this action falls within the foreign affairs exception of the rulemaking provisions of 5 U.S.C. 553(a)(1).

Sincerely,

D. Michael Hutchinson,

Acting Chairman, Committee for the Implementation of Textile Agreements.

[FR Doc. 01–27430 Filed 10–31–01; 8:45 am]

BILLING CODE 3510–DR–S

CONSUMER PRODUCT SAFETY COMMISSION

[CPSC Docket No. 02–C0001]

Honeywell Consumer Products, Inc. (Formerly Known as Duracraft Corp.) Provisional Acceptance of a Settlement Agreement and Order

AGENCY: Consumer Product Safety Commission.

ACTION: Notice.

SUMMARY: It is the policy of the Commission to publish settlements which it provisionally accepts under the Consumer Product Safety Act in the **Federal Register** in accordance with the terms of 16 CFR 1118.20. Published below is a provisionally-accepted Settlement Agreement with Honeywell Consumer Products, Inc. (formerly known as Duracraft Corp.), a corporation containing a civil penalty of $800,000.

DATES: Any interested person may ask the Commission not to accept this agreement or otherwise comment on its contents by filing a written request with the Office of the Secretary by November 16, 2001.

ADDRESSES: Persons wishing to comment on this Settlement Agreement should send written comments to the Comment 02–C0001, Office of the Secretary, Consumer Product Safety Commission, Washington, DC 20207.

FOR FURTHER INFORMATION CONTACT: Jimmie L. Williams, Jr., Trial Attorney, Office of the General Counsel, Consumer Product Safety Commission, Washington, DC 20207; telephone (301) 504–0980, 1376.

[1] The limit has not been adjusted to account for any imports exported after December 31, 2000.

SUPPLEMENTARY INFORMATION: The text of the Agreement and Order appears below.

Dated: October 29, 2001.

Todd A. Stevenson,

Acting Secretary.

[CPSC Docket No. 02–C0001]

In the Matter of Honeywell Consumer Products, Inc. (formerly known as Duracraft Corp.); Settlement Agreement and Order

1. Honeywell Consumer Products, Inc. (''HCP''), formerly known as Duracraft Corp. (''Duracraft''), enters into this Settlement Agreement and Order with the staff (''staff'') of the U.S. Consumer Product Safety Commission (''Commission'') in accordance with 16 CFR part 1118, section 20 of the Commission's Procedures for Investigations, Inspections, and Inquiries under the Consumer Product Safety Act (''CPSA'').

I. The Parties

2. The Commission is an independent federal regulatory agency responsible for the enforcement of the CPSA, 15 U.S.C. 2051–2084.

3. HCP is a corporation organized and existing under the laws of the State of Massachusetts. HCP's principal offices are located at 250 Turnpike Road, Southborough, Massachusetts 01772. Duracraft was a corporation organized under the laws of the State of Massachusetts. Honeywell Inc. (''Honeywell'') is a corporation organized and existing under the laws of the State of Delaware.

4. On February 16, 1996, Honeywell made a tender offer to acquire the corporate stock of Duracraft. On May 1, 1996, Duracraft became a wholly-owned subsidiary. In November 1996, Duracraft changed its name to Honeywell Consumer Products, Inc. Duracraft currently exists as a d/b/a for HCP.

II. Staff Allegations

DH 3000/DH 900 Humidifiers

5. From 1990 through May, 1996, and in June 1996, after it was acquired by Honeywell, Duracraft imported and distributed approximately 1 million DH 3001–3006 and DH 901–904 warm mist humidifiers in the United States. These humidifiers were then sold to consumers throughout the U.S. for use in or around a household or residence. Therefore, Duracraft and Honeywell were ''manufacturers'' of a ''consumer product'' ''distributed in commerce'' pursuant to 15 U.S.C. 2052(a)(1), (4) and (11).

6. The humidifiers contained a water tank, base, heating element, and a mist chamber. Water passed from the tank into the base, and the heating element, located in the mist chamber, heated the water to vaporization temperature. The water vapor rose through the mist chamber where it mixed with cooler air, and was discharged into the surrounding environment by a blower and natural convection. A sensor rod or float switch shut the humidifier off when the water reservoir tank became empty.

7. Duracraft manufactured the DH 3000 series humidifiers until 1991. In 1991, Duracraft redesigned the humidifier because of leakage from the water tank, and re-named it the DH 900 series. The DH 900 series was manufactured without significant design change until October 1994. Duracraft informed CPSC staff that the units redesigned in 1991 did not exhibit any safety related defects during the firm's functional or life testing, and that no changes had been made to address any safety related defects.

8. As of February, 1996, 68 claims had been reported to Duracraft in which a DH 3000 series humidifier or a pre-1995 DH 900 series humidifier unit either emitted smoke or sparks or caught on fire. Nineteen of these incidents occurred in a child's room.

9. The humidifier's float switch could fail, and not shut down the product. The humidifiers also included a high-limit switch. When the temperature at the location of the switch reached a certain level, the high-limit switch activated, breaking the electrical circuit within the humidifier and turning off the heating element. However, the high-limit switch could also fail. If both the float switch and the high-limit switch failed, the heating element could remain on, and the humidifier could overheat and catch on fire.

10. Immediately following Honeywell's February, 1996 tender offer, referred to in paragraph 4, Honeywell began a due diligence investigation of Duracraft's business. The Disclosure Schedule to the Merger Agreement between Duracraft and Honeywell disclosed that ''[u]nder cover of a letter dated November 30, 1995, the United States Consumer Product Safety Commission ('CPSC') provided the Company ('Duracraft') with product-related reports regarding certain of the Company's humidifier models. The Company has also received notice of requests for information regarding these models submitted to the CPSC under the Freedom of Information Act.'' On May 1, 1996, Honeywell completed its acquisition of Duracraft.

11. On May 31, 1996, Duracraft submitted a telephone report under

Section 15(b) of the CPSA to staff regarding a DH 900 series humidifier that failed in the room of a 1½ year old child. The product overheated and melted. The child suffered smoke inhalation, and was treated in an emergency room.

12. Thereafter, Commission staff confirmed Duracraft's oral report, and requested a full report under Section 15(b) of the CPSA regarding Duracraft's warm mist humidifiers.

13. Commission staff initiated a site inspection of the Duracraft facilities in the summer of 1996. During this inspection, Duracraft managers stated that the company was not aware of any float switch failures. Moreover, the managers stated that the company had never observed any failures of the humidifier's safety devices.

14. Duracraft responded on October 9, 1996 and submitted its Section 15(b) report. Within its submission, Duracraft reported that it discovered on or about August, 1993, the DH 900 series humidifiers could fail. The DH 3000 series also had the same failure mode as the DH 900 series. However, Duracraft did not offer to recall the product.

15. In November 1996, a 6-year-old child died during a fire, which CPSC attributes to a failed humidifier. HCP first received notice of the fire on or about May 25, 1997.

16. In mid-April, 1997, Duracraft (which was then named Honeywell Consumer Products) received a preliminary determination letter from the CPSC, and a request for a recall of the DH 3000 and the pre-1995 DH 900 series humidifiers.

17. On June 4, 1997, HCP advised the CPSC that it would voluntarily recall the DH 3000 and DH 900 series humidifiers, and presented its corrective action plan to CPSC staff. At that time, approximately eighty-five (85) failures had taken place, with twenty-two (22) incidents occurring in a child's room.

CZ 520 Baseboard Heater

18. From September, 1995 through March, 1996, Duracraft imported and distributed 58,584 CZ 520 portable baseboard heaters in the United States. The CZ 520 heater was a movable baseboard heater that contained two heating assemblies, a selector switch, and a thermostat. Each heating assembly included a motor, a fan, a heating device, and a temperature-limiting device. The fan motor shafts were aligned on a central axis, and the temperature limiting devices were designed to shut down the product if the internal temperature reached 90° C. When the selector switch was turned on ''LOW'', only one heating assembly was activated. Both heating assemblies were activated when the switch was turned on ''HIGH''.

19. In December, 1995, Duracraft began to receive reports from consumers who observed some CZ–520 units smoking or flaming. There were no reports of personal injury. As of February, 1996, Duracraft's testing on seven failed returns revealed that all of the heaters were experiencing low fan speeds.

20. The Disclosure Schedule to the Merger Agreement between Duracraft and Honeywell indicated that ''the company ['Duracraft'] has received complaints concerning the company's CZ-520 heater model, relating to incidents of flames or smoke emanating from the unit. The Company has had a number of returns of this model and has received a claim for several hundred dollars involving the unit.''

21. On June 4, 1997, HCP notified Commission staff that it had decided to recall the heater. At that time, Duracraft had received twenty (20) claims, some involving minor property damage, and 12% warranty returns (7,295 heaters). On July 22, 1997, HCP submitted a full report under Section 15(b) of the CPSA.

Ceramic Heaters

22. From January, 1989 through May 1, 1996 Duracraft and then from May 1, 1996 through March, 1998, HCP manufactured or purchased approximately 1.6 million model CZ–303, CZ–304, CZ–308, CZ–318, CZ–319, and CER–1 ceramic heaters for Duracraft and HCP's importation and distribution. The heaters are cubed shaped 7½ inch tall portable air heaters with a ceramic heating element. The controls consist of a slide switch, which adjusts the heat output from 800 watts to 1,500 watts, a rocker switch, which turns the unit on and off or turns on a internal fan, and a manual/automatic slide switch, which allows the user to set the heat output at a certain level or vary the output to maintain a consistent temperature.

23. In January, 1990, Duracraft began to receive complaints about the heaters smoking or flaming. As of February, 1996, Duracraft had notice of at least thirty-three (33) incidents. The CPSC had knowledge of an additional twelve (12) incidents. There were no reports of personal injury. Nearly all of the complaints noted the above type of damage.

24. Duracraft's product tests on several failed units, conducted after Honeywell's acquisition of Duracraft, between May, 1996 and June, 1997, confirmed the units could fail. Honeywell was informed of the reports by HCP's general counsel, outside counsel, and Duracraft's management in June, 1997.

25. On July 22, 1997, a consultant hired by Honeywell concluded that a defective rocker switch, or the seepage of a foreign substance into the rocker switch, could create an internal electrical arc and ignite the unit. Honeywell sent this report to the Commission. Thus, the heaters could present a fire hazard to the consumer.

26. On October 10, 1997, as a result of a Commission staff initiated investigation, staff requested a report under section 15(b) of the CPSA for the heaters. HCP provided this report on December 2, 1997. On March 16, 1998, HCP agreed to voluntarily recall the products. By that time, Duracraft and HCP had received fifty-six (56) complaints of these ceramic heaters smoking and melting. HCP had received one complaint of smoke inhalation, and was notified that several failures had caused extensive property damage.

27. Duracraft failed to report the defects to the Commission in a timely manner, as required by Section 15(b) of the CPSA, 15 U.S.C. 2064(b). Honeywell received information concerning product failures at the time it acquired Duracraft, and continued to obtain information after that time. After the acquisition, Honeywell and HCP failed to report the defects to the Commission in a timely manner, as required by Section 15(b) of the CPSA, 15 U.S.C. 2064(b). A failure to furnish information under section 15(b) of the CPSA is a prohibited act under 15 U.S.C. 2068(a)(4). Duracraft and HCP ''knowingly'' failed to report, as that term is defined in 15 U.S.C. § 2069(d), and are subject to a civil penalty, pursuant to 15 U.S.C. 2069(a)(1).

III. Response of HCP

28. HCP denies all of the allegations of the staff set forth in paragraphs 5–27 above. HCP states that the products described in paragraphs 5–27 above do not contain any defect that would create a substantial product hazard pursuant to Section 15(a) of the CPSA, 15 U.S.C. 2064(a). These products do not create an unreasonable risk of serious injury or death pursuant to Section 15(b) of the CPSA, 15 U.S.C. 2064(b). HCP did not violate the reporting requirements of Section 15(b) of the CPSA, 15 U.S.C. 2064(b), or 16 CFR part 1115. No other violation of law occurred warranting imposition of a civil penalty. In settling this matter, HCP does not admit any fault, liability or statutory or regulatory violation.

29. For each of the products at issue, as soon as HCP received the information and knowledge necessary to trigger a

Section 15(b) report, it acted promptly to file the report in a timely manner.

30. Honeywell has consistently taken responsibility for any potential safety problems in connection with its products. The staff's allegations relate directly to Honeywell's acquisition of Duracraft. The majority of the events at issue transpired prior to Honeywell's acquisition of Duracraft or its involvement in Duracraft's product-safety matters. Honeywell's due diligence review of Duracraft was customary in the context of public company acquisitions and did not reveal all issues or details about specific products. Information about consumer claims that Honeywell did receive during its due diligence review was not unusual for a consumer products company. Honeywell did not receive information about the extent of the consumer claims until it completed the acquisition.

31. HCP is entering into this Settlement Agreement for settlement purposes only, to avoid incurring additional legal costs and expenses.

IV. Agreement of the Parties

32. The Commission has jurisdiction over this matter under the Consumer Product Safety Act (CPSA), 15 U.S.C. 2051 *et seq.*

33. HCP knowingly, voluntarily and completely waives any rights it may have to:

a. the issuance of a complaint in this matter;

b. an administrative or judicial hearing with respect to the staff allegations discussed in paragraphs 5 through 27 above;

c. judicial review or other challenge or contest of the validity of the Commission's Order;

d. a determination by the Commission as to whether a violation of Section 15(b) of the CPSA, 15 U.S.C. 2064(b) has occurred;

e. a statement of findings of fact and conclusion of law with regard to the staff allegations; and

f. to any claims under The Equal Access to Justice Act.

34. Upon provisional acceptance of this Settlement Agreement and Order by the Commission, this Settlement Agreement and Order shall be published in the **Federal Register** in accordance with 16 CFR part 1118, section 20, and the Commission may further publicize the terms of the Settlement Agreement and Order.

35. The Settlement Agreement and Order becomes effective upon final acceptance of the Commission and service of the Order upon HCP.

36. HCP agrees to pay to the United States Treasury a civil penalty in the amount of Eight Hundred Thousand Dollars ($800,000.00) within 30 calendar days of HCP's receiving service of the final Settlement Agreement and Order.

37. HCP agrees to the entry of the attached Order, which is incorporated herein by reference, and to be bound by its terms.

38. This Settlement Agreement and Order are entered into for settlement purposes only and shall not constitute a determination of any fault, liability or statutory or regulatory violation by HCP.

39. Compliance by HCP with the Settlement Agreement and Order in the above-captioned case fully resolves and settles the allegations of violations of Section 15(b) of the CPSA set out above.

40. The Commission's Order in this matter is issued under the provisions of the CPSA, 15 U.S.C. 2051, *et seq.*, and 16 CFR part 1118, section 20, and a violation of this Order may subject HCP to appropriate legal action.

41. This Settlement Agreement and Order is binding upon and shall inure to the benefit of HCP and its corporate parents, assigns or successors.

42. Agreements, understandings, representations, or interpretations made outside of this Settlement Agreement and Order may not be used to vary or to contradict its terms.

Honeywell Consumer Products, Inc.

Dated: _____

U.S. Consumer Product Safety Commission.

Alan H. Schoem,
Assistant Executive Director, Office of Compliance.

Eric L. Stone,
Director, Legal Division, Office of Compliance.

Dated: September 17, 2001.

Jimmie L. Williams, Jr.,
Trial Attorney, Legal Division, Office of Compliance.

[CPSC Docket No. 02–C0001]

In the Matter of Honeywell Consumer Products, Inc. (formerly known as Duracraft Corp.); Order

Upon consideration of the Settlement Agreement entered into between Honeywell Consumer Products, Inc., formerly known as Duracraft Corp., and the staff of the U.S. Consumer Product Safety Commission; and the Commission having jurisdiction over the subject matter and Honeywell Consumer Products, Inc., and it appearing that the Settlement Agreement and Order is in the public interest, it is

Ordered, that the Settlement Agreement be, and hereby is, accepted, and it is

Further Ordered, that upon final acceptance of the Settlement Agreement and Final Order, Honeywell Consumer Products, Inc. shall pay the Commission a civil penalty in the amount of Eight Hundred Thousand Dollars ($800,000.00) within 30 calendar days after service of this Final Order upon Honeywell Consumer Products, Inc.

Provisionally accepted and Provisional Order issued on the 29th day of October, 2001.

By Order of the Commission.

Todd A. Stevenson,

Acting Secretary, U.S. Consumer Product Safety Commission.

[FR Doc. 01–27483 Filed 10–31–01; 8:45 am]

BILLING CODE 6355–01–M

DEPARTMENT OF EDUCATION

Notice of Proposed Information Collection Requests

AGENCY: Department of Education.

SUMMARY: The Leader, Regulatory Information Management Group, Office of the Chief Information Officer, invites comments on the proposed information collection requests as required by the Paperwork Reduction Act of 1995.

DATES: Interested persons are invited to submit comments on or before December 31, 2001.

SUPPLEMENTARY INFORMATION: Section 3506 of the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35) requires that the Office of Management and Budget (OMB) provide interested Federal agencies and the public an early opportunity to comment on information collection requests. OMB may amend or waive the requirement for public consultation to the extent that public participation in the approval process would defeat the purpose of the information collection, violate State or Federal law, or substantially interfere with any agency's ability to perform its statutory obligations. The Leader, Regulatory Information Management Group, Office of the Chief Information Officer, publishes that notice containing proposed information collection requests prior to submission of these requests to OMB. Each proposed information collection, grouped by office, contains the following: (1) Type of review requested, *e.g.* new, revision, extension, existing or reinstatement; (2) Title; (3) Summary of the collection; (4) Description of the need for, and

proposed use of, the information; (5) Respondents and frequency of collection; and (6) Reporting and/or Recordkeeping burden. OMB invites public comment. The Department of Education is especially interested in public comment addressing the following issues: (1) Is this collection necessary to the proper functions of the Department; (2) will this information be processed and used in a timely manner; (3) is the estimate of burden accurate; (4) how might the Department enhance the quality, utility, and clarity of the information to be collected; and (5) how might the Department minimize the burden of this collection on the respondents, including through the use of information technology.

Dated: October 26, 2001.

John Tressler,

Leader, Regulatory Information Management, Office of the Chief Information Officer.

Office of Elementary and Secondary Education

Type of Review: Extension of a currently approved collection.

Title: Application for the High School Equivalency Program (HEP) and College Assistance Migrant Program (CAMP).

Frequency: Other: COMPETITIVE YEAR.

Affected Public: Not-for-profit institutions; State, Local, or Tribal Gov't, SEAs or LEAs.

Reporting and Recordkeeping Hour Burden:

Responses: 90.

Burden Hours: 2160.

Abstract: IHEs, and non-profit organizations working with IHEs, are eligible applicants under HEP and CAMP. The programs provide federal financial assistance to Institutions of Higher Education (IHEs) or to non-profit agencies working in cooperation with IHEs for the purpose of providing academic, financial and supportive services to migrant and seasonal farmworkers to help them obtain the equivalent of a high school diploma (via HEP) and succeed in their first academic year of college (via CAMP). The Department uses the information to make grant awards.

Requests for copies of the proposed information collection request may be accessed from *http://edicsweb.ed.gov,* or should be addressed to Vivian Reese, Department of Education, 400 Maryland Avenue, SW., Room 4050, Regional Office Building 3, Washington, DC 20202–4651. Requests may also be electronically mailed to the internet address OCIO.RIMG@ed.gov or faxed to 202–708–9346. Please specify the complete title of the information collection when making your request. Comments regarding burden and/or the collection activity requirements should be directed to Kathy Axt at (540) 776–7742. Individuals who use a telecommunications device for the deaf (TDD) may call the Federal Information Relay Service (FIRS) at 1–800–877–8339.

[FR Doc. 01–27425 Filed 10–31–01; 8:45 am]

BILLING CODE 4000–01–P

DEPARTMENT OF ENERGY

Interim Management of Nuclear Materials

AGENCY: Department of Energy.

ACTION: Amended record of decision.

SUMMARY: On December 12, 1995, the U.S. Department of Energy (DOE) issued a Record of Decision (ROD) and Notice of Preferred Alternatives, 60 FR 65300 (December 19, 1995), for the final environmental impact statement, Interim Management of Nuclear Materials (IMNM EIS) (DOE/EIS–0220, October 20, 1995), at the Savannah River Site (SRS), Aiken, South Carolina. As part of its decision, DOE decided to construct a new facility, the Actinide Packaging and Storage Facility (APSF), to prepare, package, and store plutonium oxide and metal in accordance with DOE's plutonium storage standard, recently revised as Stabilization, Packaging, and Storage of Plutonium-Bearing Materials (DOE–STD–3013). The APSF also was intended to provide space for consolidated storage of plutonium and some special actinide materials at the SRS. Additionally, DOE decided that it would process approximately 14,000 liters (3,800 gallons) of americium and curium solution into a glass matrix (vitrify) within small stainless steel canisters (the ''Vitrification (F-Canyon)'' alternative). Modifications to the F-Canyon, where the americium/curium solution is stored, would be required to establish the vitrification stabilization capability. The canisters of vitrified americium/curium would have been stored in the F-Canyon building until DOE decided on its use or disposition.

For several reasons, including project cost growth concerns, DOE issued an amended ROD (66 FR 7888, January 26, 2001) which canceled the APSF project and decided to install the plutonium storage standard stabilization and packaging capability within Building 235–F, an existing plutonium storage and processing facility in the F–Area at the SRS. DOE also decided to use existing SRS vault storage space, including space in Building 235–F, to store plutonium (and other nuclear material inventories) pending disposition.

Now, after further review of project costs, schedules, and program requirements, DOE has canceled the Building 235–F Plutonium Packaging and Stabilization project and the F-Canyon Americium/Curium Vitrification project. To establish the capability to package plutonium in accordance with the plutonium storage standard (DOE–STD–3013), DOE will modify existing furnaces, or install new ones, and install an outer can welding capability within the FB-Line facility, located in Building 221–F. To stabilize the F-Canyon americium/curium solution, DOE will implement the Processing and Storage for Vitrification in the Defense Waste Processing Facility (DWPF) alternative analyzed in the IMNM EIS. This alternative includes the transfer of the solution to the SRS high-level waste (HLW) system, vitrification of the HLW solution in the DWPF, and storage of the resultant canisters in the DWPF Glass Waste Storage Building pending disposition in a geologic repository.

FOR FURTHER INFORMATION CONTACT: For further information on the interim management of nuclear materials at the SRS, to receive a copy of the final IMNM EIS, or a copy of the IMNM ROD(s), contact: Andrew R. Grainger, National Environmental Policy Act (NEPA) Compliance Officer, U.S. Department of Energy, Savannah River Operations Office, Building 730B, Room 2418, Aiken, South Carolina 29802, (800) 881–7292, Internet: *drew.grainger@srs.gov*

For further information on the DOE NEPA process, contact:

Carol M. Borgstrom, Director, Office of NEPA Policy and Compliance (EH–42), U.S. Department of Energy, 1000 Independence Avenue, SW., Washington, DC 20585, (202) 586–4600, or leave a message at (800) 472–2756.

Additionally, DOE NEPA information, including the IMNM Final EIS, can be found on the DOE NEPA Web site at: *www.eh.doe.gov/nepa/.*

SUPPLEMENTARY INFORMATION

Background

NEPA Review and Decisions

The U.S. Department of Energy (DOE) prepared a final environmental impact statement, Interim Management of Nuclear Materials (IMNM EIS) (DOE/EIS–0220, October 20, 1995), in accordance with the National Environmental Policy Act (NEPA), Council on Environmental Quality

NEPA implementing regulations, and DOE implementing procedures. The IMNM EIS assessed the potential environmental impacts of actions necessary to safely manage nuclear materials at the SRS, Aiken, South Carolina, until decisions on their future use or ultimate disposition are made and implemented. The IMNM EIS grouped the nuclear materials at the SRS into three categories: Stable, Programmatic, and Candidates for Stabilization. Some of the ''Programmatic'' and all of the ''Candidates for Stabilization'' materials could have presented environmental, safety and health vulnerabilities in their then-current storage condition. For materials that could present environmental, safety, or health vulnerabilities within the next 10 years of the NEPA analysis, the IMNM EIS evaluated stabilization alternatives to meet the new plutonium storage standard to ensure safe storage (for up to 50 years). For non-plutonium materials, alternatives were evaluated that provided similar safe storage.

Plutonium Stabilization and Packaging for Long-Term Storage

The capability to meet the Department's plutonium storage standard, DOE–STD–3013, did not exist at the SRS or any other DOE site at the time of the preparation of the IMNM EIS. Subsequently, DOE has been working to establish this capability at its non-pit [1] surplus plutonium sites. Facilities at the Rocky Flats Environmental Technology Site (RFETS, near Golden, Colorado), Hanford (Richland, Washington), and the Lawrence Livermore National Laboratory (Livermore, California) have been established and are now operating, packaging plutonium to the requirements of the storage standard. Stabilizing and packaging plutonium to the storage standard are generally the last steps in completing the stabilization process. The IMNM EIS considered two options to provide the long-term storage stabilization and packaging capability at the SRS: (1) The construction of a new facility (*i.e.,* APSF), and (2) the modification of existing plutonium processing and storage facilities—Building 235–F and FB-Line, both in F-Area.

On December 12, 1995, DOE issued a Record of Decision (ROD) and Notice of Preferred Alternatives [published December 19, 1995 (60 FR 65300)], on the interim management of several categories of nuclear materials at the SRS. As part of its decision, DOE decided to construct a new facility, the APSF, to enable plutonium oxides to be stabilized, and plutonium oxide and metal to be repackaged in accordance with DOE's plutonium storage standard (DOE–STD–3013). The APSF also was intended to provide space for consolidated storage of plutonium and certain special actinide materials at the SRS.

In December 1996, DOE issued the Storage and Disposition of Weapons-Usable Fissile Materials Final Programmatic Environmental Impact Statement (Storage and Disposition PEIS, DOE/EIS–0229). The Storage and Disposition PEIS, among other things, assessed the potential environmental impacts of alternative approaches and locations for storing weapons-usable fissile materials (plutonium and highly enriched uranium). DOE decided in the Storage and Disposition ROD [published January 21, 1997 (62 FR 3014)], to expand the storage capacity of the prospective APSF at the SRS (from 2,000 storage positions to 5,000 storage positions) to accommodate the storage of surplus non-pit plutonium to be received from RFETS, pending disposition.[2] DOE also indicated in the Storage and Disposition ROD that DOE would pursue a strategy for surplus plutonium disposition that allows for immobilization of surplus weapons plutonium in glass or ceramic forms, and irradiation of surplus plutonium as mixed oxide (MOX) [3] fuel in existing commercial nuclear power reactors. The immobilized plutonium would be stored in the DWPF Glass Waste Storage Building at the SRS and the spent MOX fuel would be stored at the commercial nuclear power reactor site, pending disposal in a geologic repository.

Subsequently, in order to support the early closure of RFETS, DOE published an amended Storage and Disposition ROD August 13, 1998 (63 FR 43386), to allow the RFETS surplus non-pit plutonium to be sent to the SRS before completion of the APSF. Based upon the amended Storage and Disposition ROD, DOE undertook the K-Area Materials Storage (KAMS) project to modify existing space within Building 105–K to store surplus plutonium in shipping containers as received from RFETS, pending disposition.

On January 12, 2001, DOE issued an Amended IMNM ROD [published January 26, 2001 (66 FR 7888)], deciding to cancel the APSF project and instead establish a stabilization and packaging capability by modifying space within Building 235–F to prepare and package surplus plutonium for storage in accordance with DOE's plutonium storage standard, DOE–STD–3013. Additionally, DOE indicated it would use existing facilities (Building 221–F's FB-Line, Building 235–F, and KAMS) for plutonium storage, pending disposition.

Americium/Curium Solution Stabilization

In the ROD issued December 12, 1995, DOE selected the ''Vitrification (F-Canyon)'' alternative evaluated in the IMNM EIS to stabilize the existing americium/curium solution being stored in F-Canyon. DOE would have processed the americium/curium solution to a glass (''vitrify'') contained within small stainless steel canisters (14 inches tall, 2 inches in diameter). DOE would have modified an existing portion of F-Canyon (previously called the Multi-Purpose Processing Facility) to install the necessary vitrification equipment. The canisters would have been stored within the F-Canyon (Building 221–F) at the SRS until DOE made programmatic decision on the use of the americium and curium isotopes.

Other NEPA Reviews and Decisions

In addition to the December 12, 1995, and the January 12, 2001, RODs that relied upon the analyses of the IMNM EIS, DOE issued four supplemental RODs to make additional decisions and/or modify previous decisions concerning the management of nuclear materials at the SRS: (1) DOE published a supplemental ROD February 21, 1996 (61 FR 6633), identifying management actions for two categories of SRS nuclear materials: (a) DOE would stabilize the Mark-16 and Mark-22 fuels by processing them in the SRS canyon facilities and blending down the resulting highly enriched uranium to low enriched uranium, and (b) DOE would stabilize the ''other aluminum-clad targets'' by dissolving them in the SRS canyon facilities and transferring the resulting nuclear material solution to the HLW tanks for future vitrification in the DWPF; (2) DOE published a supplemental ROD September 13, 1996 (61 FR 48474), identifying management actions for two more categories of SRS nuclear materials: (a) DOE would dissolve, chemically separate, and process in F-Canyon obsolete neptunium-production targets and

[1] A ''pit'' is a nuclear weapon component.

[2] Non-pit weapons-usable plutonium would only move from the RFETS provided that: (1) The plutonium had been stabilized to meet the then-plutonium storage standard, DOE–STD–3013–96; (2) the construction of the APSE at the SRS had been completed; and, (3) the SRS had been selected as the immobilization disposition site for surplus weapons-usable plutonium.

[3] A physical blend of uranium oxide and plutonium oxide.

existing neptunium solution (stored in H-Canyon) to a glass form using a vitrification capability to be established in F-Canyon; and, (b) DOE would process existing H-Canyon plutonium-239 solutions to a glass form using a vitrification capability to be established in F-Canyon; (3) DOE published a supplemental ROD April 11, 1997 (62 FR 17790), identifying some additional spent nuclear fuel from the Taiwan Research Reactor that should be recategorized from Stable to Candidate for Stabilization and that this material would be processed through the SRS canyon facilities; and, (4) DOE published an amended ROD November 14, 1997 (62 FR 61099), modifying the decision to vitrify the H-Canyon plutonium-239 and neptunium to ''Processing to Oxide'' using H-Canyon facilities. These supplemental or amended decisions did not alter DOE's decisions related to the construction of the APSF or the vitrification of the americium/curium solution in F-Canyon.

In November 1999, DOE issued the *Surplus Plutonium Disposition Final Environmental Impact Statement* (SPD EIS) (DOE/EIS–0283), which analyzed alternatives for the siting, construction, and operation of three surplus plutonium disposition facilities. These three facilities would accomplish pit disassembly and conversion, plutonium conversion and immobilization, and MOX fuel fabrication. DOE published the Surplus Plutonium Disposition ROD on January 11, 2000 (65 FR 1608), which selected the SRS for all three of the new surplus plutonium disposition facilities.

Plutonium Stabilization and Storage Evaluations

As indicated in the January 12, 2001, Amended ROD (66 FR 7888), DOE determined after a review of plutonium storage and stabilization options, documented in *Evaluation of Savannah River Plutonium Storage and Stabilization Options* (July 2000), that cost savings of $180 million or more could be achieved by modifying space within Building 235-F in lieu of constructing the APSF.

As a result of program priorities and further review of an FB-Line low-cost option, DOE has canceled the Building 235-F Packaging and Stabilization Project. DOE has completed the conceptual design for an FB-Line project that would stabilize and package SRS plutonium in full compliance with the requirements of DOE-STD–3013; project costs are estimated to be $13.5 million to $29 million. This is substantially less than the Building 235-F project conceptual design estimate range of $160 million to $250 million. SRS plutonium stabilization and packaging activities using the FB-Line are estimated to begin earlier than Building 235-F, and complete stabilization and packaging activities within the same time-frame as Building 235-F (2006–2008), if not sooner. SRS plutonium, to include that stored in FB-Line, will be stored in Building 235-F and KAMS at the SRS after packaging to the plutonium storage standard.

Americium and Curium Vitrification Project Difficulties and Changes

The Department's February 28, 1995, Implementation Plan for DNFSB Recommendation 94–1 indicated that the americium/curium solution could be stabilized by September 1998 should the Vitrification (F-Canyon) alternative analyzed within the IMNM EIS be the selected stabilization alternative (with the corresponding ROD expected to be issued by July 1995). After more than five years of work on the americium/curium solution stabilization project, the time-table has been extended and the costs have increased for a variety of technical and programmatic reasons. Most recently, a project re-baseline request, submitted to DOE by the site contractor on March 19, 2001, identified a $68 million increase in estimated project costs, bringing total estimated project costs to $197 million. A subsequent request submitted April 6, 2001, identified an additional increase of up to $26 million to meet proposed geologic disposal waste criteria and would delay stabilization completion one year, to December 2006. These proposed changes would increase project costs by up to 73 percent.

One of the factors in DOE's selection process for stabilizing the americium and curium solution had been to preserve these rare isotopes, which are not likely to be produced again in any substantial quantity, for potential DOE or other research, medical, or industrial use. The Vitrification (F-Canyon) process would stabilize the americium and curium isotopes into a safe, long-term storable, but retrievable form.

Uncertainties and projections for project cost growth were becoming evident in mid-2000. In light of these rising costs and uncertainties in solution stabilization schedules, DOE's Office of Nuclear Energy, Science and Technology and Office of Science conducted an evaluation of the need for the americium and curium isotopes. No firm need for these special isotopes was identified, leading DOE to conclude that the material was excess to requirements and that maintaining the material indefinitely was unwarranted.

Based upon these events and determinations, DOE authorized the re-assessment of a waste disposal alternative for the americium/curium solution. Results from this re-assessment indicate: (1) The americium/curium solution can be transferred to the HLW system [4] in a single continuous transfer; (2) very little dilution is expected to be required, resulting in approximately ten additional DWPF canisters; (3) the transferred solution could be processed through DWPF in 2004–2007, substantially earlier than the previous expectation of 2020, or later; and (4) preliminary cost estimates indicate a savings of up to $116 million over continuing to pursue vitrification in F-Canyon. Subsequently, DOE has determined that there is no programmatic need for the americium and curium solution and that it can be dispositioned to the SRS HLW system, precluding any future recovery. DOE has, therefore, canceled the Americium/Curium Vitrification Project.

Interim Management of Nuclear Materials EIS

Alternatives

The IMNM EIS analyzed several alternatives, including the No Action alternative (Continued Storage), for the interim management of eleven (11) types of nuclear materials at the SRS. All of the alternatives, except the No Action, would support DOE's objective of removing nuclear materials from vulnerable conditions and from vulnerable facilities in preparation for deactivation, decontamination, and decommissioning. The IMNM RODs include decisions to undertake stabilization and processing actions for ten (10) SRS nuclear material types categorized as ''Candidates for Stabilization'' and ''Programmatic.'' (DOE decided to continue existing actions for the ''Stable'' nuclear material types/category.) Seven of these nuclear materials types—(1) plutonium and uranium stored in vaults, (2) Mark-31 targets, (3) aluminum-clad Taiwan Research Reactor fuel and Experimental Breeder Reactor-II slugs, (4) plutonium-239 solutions, (5) plutonium-242 solutions, (6) neptunium-237 solutions, and, (7) americium/curium solution—require, or could require, a new capability to stabilize and package the

[4] The SRS HLW system consists of a variety of facilities for the management, treatment, and vitrification of approximately 38 million gallons of HLW. The various facilities include the F- and H-Area tank farms (22 and 29 HLW tanks, respectively, with two tanks operationally closed), waste evaporators, DWPF, Saltstone, Extended Sludge Processing, Glass Waste Storage Building, piping and transfer systems.

material to DOE's storage standard, or comparable criteria, to complete stabilization for safe interim management and long-term storage.

The plutonium-242, neptunium-237, and americium/curium were categorized as programmatic materials in the IMNM EIS, but were analyzed for completeness of the potential impacts from stabilization and packaging for long-term storage. DOE has since stabilized the plutonium-242 to oxide and transferred it to the Los Alamos National Laboratory for programmatic use. The neptunium-237 has yet to be stabilized. However, DOE decided in a January 19, 2001, ROD for the *Programmatic Environmental Impact Statement for Accomplishing Expanded Civilian Nuclear Energy Research and Development and Isotope Production Missions in the United States, Including the Role of the Fast Flux Test Facility* [published January 26, 2001 (66 FR 7877)], that the neptunium-237 is required to reestablish the domestic production of plutonium-238. Once stabilized to oxide, the neptunium-237 will be shipped to the Radiochemical Engineering Development Center at the Oak Ridge National Laboratory (Oak Ridge, Tennessee) where it will be stored until fabrication into targets for irradiation, and plutonium-238 production, in the Advanced Test Reactor (near Idaho Falls, Idaho) and the High Flux Isotope Reactor (Oak Ridge, Tennessee). [**Note:** On April 25, 2001, the Secretary of Energy suspended for 90 days the decision to permanently deactivate the Fast Flux Test Facility as indicated in the above subject ROD. This suspension did not alter DOE's decision regarding the need for the SRS neptunium-237.] As discussed in this Amended ROD, the americium/curium continues to require stabilization.

Plutonium Stabilization and Packaging for Long-Term Storage

The IMNM EIS considered two options [see IMNM EIS, Chapter 2. Alternatives, and Appendix C, pp. C–41 to C–46] for stabilizing, packaging, and storing plutonium to DOE's storage standard—(1) the construction of the new APSF, and (2) the modification of existing facilities, FB-Line and Building 235-F. The storage standard is designed to help ensure the safe storage of the materials for long periods (*e.g.,* up to 50 years). Each option was designed to provide the capability to heat plutonium oxide materials to drive off residual and absorbed moisture; package stabilized material (oxides and metal) in at least two corrosion-resistant containers (a container within a container) without the use of plastics, hydrogenous compounds, or organic material; weld-seal the outer container in an inert atmosphere to ensure weld joint and container material integrity; and store the stabilized material in sealed containers.

For modifications to the FB-Line in the F-Canyon building (Building 221–F) at the SRS, DOE had re-considered its previous decisions associated with the *F-Canyon Plutonium Solutions Final Environmental Impact Statement* (DOE/EIS–0219, December 1994). On February 1, 1995, DOE issued a ROD (60 FR 9824, February 22, 1995) to add to the FB-Line a capability to package plutonium metal within a single, inert gas-filled, welded container, without the need for plastic and other organic materials. During preparation of the IMNM EIS and its initial ROD, DOE concluded that adding the full stabilization and packaging mission to the FB-Line facility would delay completion of the FB-Line's nuclear materials stabilization activities and the planned shutdown of the FB-Line facility.

Since 1995, certain SRS nuclear material stabilization activities have been completed and plans for stabilizing other remaining materials have been altered. For plutonium-bearing residues, DOE stabilization decisions included dissolving the residues in nitric acid, purifying the solution, precipitating the solution back into a powder, and then either converting the powder to metal (if processed in FB-Line) or drying the powder (plutonium oxide, if processed in HB-Line) and canning. The FB-Line dissolver system, of 1960's vintage, has been shutdown since the mid-1980's and was not designed to today's safety standards. HB-Line is a newer facility (construction completed in the 1980's), and its dissolver system had been used satisfactorily in the mid- to late-1990's for the plutonium-238 program.

Now, based upon estimates for restart, plans to curtail materials separation and purification activities in F-Canyon, and the comparably better capabilities of the HB-Line dissolvers, DOE is no longer pursuing the restart of the FB-Line dissolver system. As documented in the ''Department of Energy Plan for the Transfer of All Long-Term Chemical Separation Activities at the Savannah River Site from the F-Canyon Facility to the H-Canyon Facility Commencing in Fiscal Year 2002,'' and provided to the Congress on April 10, 2001, DOE expects to complete nuclear material stabilization activities that would use the F-Canyon's separation and purification capabilities in fiscal year 2002. Material characterization and packaging, as well as material storage, activities will continue in FB-Line supporting the dissolution of plutonium-bearing residues in HB-Line, the packaging and preparation of other residues for disposition to waste, and the characterization and staging of other plutonium-bearing materials for heat treatment and packaging to the long-term plutonium storage standard. The FB-Line material characterization and packaging activity is scheduled to continue through 2005. Establishing the DOE–STD–3013 stabilization and packaging capability within FB-Line can complement the facility's ongoing missions by reducing nuclear material handling and transportation requirements.

Americium/Curium Solution Stabilization

To manage the approximately 14,000 liters (3,800 gallons) of americium/curium solution stored within a single tank (Tank 17.1) in F-Canyon, DOE evaluated four alternatives in the IMNM EIS: (1) Vitrification (F-Canyon), the selected alternative in the December 12, 1995, ROD; (2) Processing to Oxide; (3) Processing and Storage for Vitrification in the DWPF; and, (4) Continuing Storage (*i.e.,* ''No Action'').

Under the Vitrification (F-Canyon) alternative, DOE would modify existing space in the F-Canyon, providing equipment to vitrify the americium/curium radioactive solution into a glass matrix. After completing the modifications, DOE would vitrify the existing solution of americium and curium isotopes. DOE identified Vitrification (F-Canyon) as the preferred alternative for stabilizing the americium/curium solution in the IMNM EIS.

For the Processing and Storage for Vitrification in the DWPF alternative, DOE would perform research and development work to determine the chemical adjustments necessary for the americium/curium solution in the F-Canyon in order to transfer it to the HLW tanks in F- or H-Area. The research and development work would evaluate the effects on the systems and facilities used to store and treat the liquid HLW. Upon completion of the studies, the americium/curium solution would be chemically adjusted and transferred to the HLW tank(s) via underground pipelines. When transferred to the HLW tank(s), the solution would be mixed with the existing volume of HLW stored in the tank(s). The bulk of the radioactivity in the HLW tank(s) solution would eventually be vitrified in borosilicate glass in the DWPF. The glass would be contained within stainless steel canisters that would be stored in the

Glass Waste Storage Building, adjacent to the DWPF, pending disposal in a geologic repository.

Potential Environmental Impacts

The IMNM EIS analyzed potential impacts of alternatives for managing all SRS nuclear materials, those materials that were expected to present a environment, safety, or health vulnerabilities as well as those determined to be stable. Summaries of potential impacts from the alternatives are presented in the IMNM EIS, Table 2–2 through Table 2–12 (pp. 2–48 through 2–58).

The IMNM EIS indicated that there would be minimal environmental impacts from the implementation of any alternative (including the APSF, Building 235–F, or FB-Line options for plutonium stabilization and storage activities, and the americium/curium stabilization alternatives involving F-Canyon or DWPF processing) in the areas of geologic, ecological, cultural, aesthetic and scenic resources, noise, and land use. Impacts in these areas would be limited because facility modifications or construction of new facilities would occur within existing buildings or industrialized portions of the SRS. The existing SRS workforce would support any construction projects and other activities required to implement any of the alternatives, and thus negligible socioeconomic impacts would be expected from implementing any of the alternatives.

Emissions of hazardous air pollutants and releases of hazardous liquid effluents from any of the alternatives would be very small and well within applicable standards and existing regulatory permits [5] for the SRS facilities. DOE expects minimal impacts from any of these releases. Similarly, for any of the IMNM EIS alternatives, potential transuranic waste, mixed hazardous waste, and low-level solid waste generated would be handled by existing waste management (treatment, storage, and disposal) facilities at the SRS.

Plutonium Stabilization and Packaging for Long-term Storage

DOE has reviewed the IMNM EIS and determined that there are no substantial changes in the proposed modification of FB-Line nor are there any significant new circumstances or information relevant to environmental impacts that would result from modifying FB-Line. The analysis of potential environmental impacts and the description of the FB-Line option in the IMNM EIS have not changed since the Final EIS was issued.

While the IMNM EIS indicated that potential adverse impacts to the environment, public, or workers would be small for the packaging and storage alternatives, there would be minor differences between the APSF ''new construction'' option and the Building 235–F or FB-Line modification options. The modification to FB-Line would involve work in an existing and radiologically contaminated facility, thereby potentially leading to a small increase over the APSF option in radiological waste generation and construction worker exposure. Through the use of site administrative control limits, however, no worker would be expected to receive a radiological dose beyond that allowed for radiological workers from normal operations, or from facility modification work. Likewise, the existing waste management facilities are capable of handling the additional radiological waste that would result from the FB-Line modification.

Americium/Curium Solution Stabilization

While the IMNM EIS indicates that potential environmental impacts from any of the nuclear material management alternatives are small, those management alternatives requiring the processing of nuclear material through the large chemical separations facilities (the canyons and B-Lines), such as the vitrification of the americium/curium solution in the F-Canyon, would have greater environmental impacts during the time that dissolving, processing or conversion activities are underway than when these facilities are storing nuclear materials. After materials have been stabilized, impacts of normal facility operations related to management of those materials would decline, and potential impacts of accidents associated with those materials would be reduced, with certain kinds of accidents eliminated (*e.g.,* americium/curium solution leaking or being improperly transferred from its existing storage tank). The americium/curium solution presents the greatest radiological source term (approximately 230,000 curies) within any of the nuclear material processing and storage facilities. Based upon an average HLW tank radioactivity content of 8.5 million curies, the transfer of the americium/curium solution to a single HLW tank would increase the HLW tank's radioactivity level by 0.23 million curies, or less than two and one-half percent.

Environmentally Preferable Alternative

Plutonium Stabilization and Packaging for Long-term Storage

The IMNM EIS indicated that potential adverse impacts to the environment, public, or workers would be small for the APSF, Building 235–F, or FB-Line options. While small increases in radiological waste and worker radiological exposure could be expected from the Building 235–F and FB-Line modification options over the APSF option, all options would involve relatively small impacts, and thus neither could be deemed environmentally preferable over the other.

Americium/Curium Solution Stabilization

Processing and Storage for Vitrification in the DWPF is the environmentally preferable alternative for stabilizing the americium/curium solution (as well as for americium/curium containing metal targets and slugs). This alternative is estimated to result in the lowest radiological doses to the offsite public and the SRS workers; have the lowest level of hazardous pollutant emissions to the air with comparable levels of liquid effluent emissions; and result in the least amount of high-level, transuranic and mixed waste with comparable amounts of low level waste.

Decision

After further review of the Building 235–F Stabilization and Storage Project and the Americium/Curium Vitrification Project (using a capability to be installed within F-Canyon's Multi-Purpose Processing Facility), DOE is amending its previous decisions issued in December 1995 and January 2001. The alternative approaches being implemented are estimated to have substantially reduced costs, which allows DOE to reduce capital expenditure requirements to levels more consistent with current and projected budget resources. Likewise, these alternatives offer the potential to complete certain nuclear materials stabilization activities sooner, reducing further the already low risks to workers, the public, and the environment.

Plutonium Stabilization and Packaging for Long-term Storage

DOE is amending its January 2001 ROD to provide a SRS capability for the stabilization and packaging of plutonium to the storage standard (DOE-STD–3013). Instead of modifying existing space within Building 235–F, DOE will modify existing space within

[5] The IMNM EIS inidcates many of the constituent releases would be expected to be several orders of magnitude below the permit or regulatory limits.

the FB-Line facility, located within and atop the F-Canyon (Building 221–F). This decision will allow DOE to stabilize and package plutonium to the storage standard within the same time-frame, if not sooner, as would a modified Building 235–F. DOE will continue to use existing vault space in Building 235–F and Building 105–K (KAMS) for interim storage pending disposition, and existing vault space in FB-Line for interim storage during stabilization actions.

Americium/Curium Solution Stabilization

DOE is amending its December 1995 ROD for stabilizing americium and curium solution at the SRS. Instead of implementing the ''Vitrification (F-Canyon)'' alternative DOE will implement the ''Processing and Storage for Vitrification in the Defense Waste Processing Facility'' alternative analyzed in the IMNM EIS. For this alternative, DOE will transfer the solution, after chemical adjustments as necessary, to the HLW storage and treatment system. The americium and curium isotopes will be vitrified to a glass form with SRS HLW in the DWPF. DWPF canisters are being stored on-site in the Glass Waste Storage Building pending transfer to a geologic repository for permanent disposal. DOE estimates approximately ten additional DWPF canisters [approximately 6000 DWPF canisters are forecast to be produced at the SRS] will result from adding the americium/curium solution to the HLW inventory.

Issued at Washington, DC, October 19, 2001.

Jessie Hill Roberson,

Assistant Secretary for Environmental Management.

[FR Doc. 01–27437 Filed 10–31–01; 8:45 am]

BILLING CODE 6450–01–P

DEPARTMENT OF ENERGY

Environmental Management Site-Specific Advisory Board, Los Alamos; Meeting

AGENCY: Department of Energy.

ACTION: Notice of open meeting.

SUMMARY: This notice announces a meeting of the Environmental Management Site-Specific Advisory Board (EM SSAB), Los Alamos. The Federal Advisory Committee Act (Pub. L. No. 92–463, 86 Stat. 770) requires that public notice of these meetings be announced in the **Federal Register**.

DATES: Wednesday, November 28, 2001, 1 p.m.–8:30 p.m.

ADDRESSES: Cities of Gold Hotel, Conference Room, Pojoaque, New Mexico.

FOR FURTHER INFORMATION CONTACT: Menice Manzanares, Northern New Mexico Citizens' Advisory Board, 1660 Old Pecos Trail, Suite B, Santa Fe, NM 87505. Phone (505) 995–0393; fax (505) 989–1752 or e-mail: *www.nnmcab.org.*

SUPPLEMENTARY INFORMATION: Purpose of the Board: The purpose of the Board is to make recommendations to DOE and its regulators in the areas of environmental restoration, waste management, and related activities.

Tentative Agenda

1–4:30 p.m. Board Business
  Amendments to Bylaws
  Openness Plan
  Recruitment/Membership
  Reports from Committees
  Report from Chair
  Report from Staff
4:30–6 p.m. Dinner Break
6–8:30 p.m. Report from New Mexico Environmental Department Presentation on Recovery and Rehabilitation from Cerro Grande Fire

Other Board business will be conducted as necessary.

This agenda is subject to change at least one day in advance of the meeting.

Public Participation: The meeting is open to the public. Written statements may be filed with the Committee either before or after the meeting. Individuals who wish to make oral statements pertaining to agenda items should contact Menice Manzanares at the address or telephone number listed above. Requests must be received five days prior to the meeting and reasonable provision will be made to include the presentation in the agenda. The Deputy Designated Federal Officer is empowered to conduct the meeting in a fashion that will facilitate the orderly conduct of business. Each individual wishing to make public comment will be provided a maximum of five minutes to present their comments at the beginning of the meeting.

Minutes: Minutes of this meeting will be available for public review and copying at the Freedom of Information Public Reading Room, 1E–190, Forrestal Building, 1000 Independence Avenue, SW., Washington, DC 20585 between 9 a.m. and 4 p.m., Monday through Friday, except Federal holidays. Minutes will also be available at the Public Reading Room located at the Board's office at 1660 Old Pecos Trail, Suite B, Santa Fe, NM. Hours of operation for the Public Reading Room are 9 a.m.–4 p.m. on Monday through Friday. Minutes will also be made available by writing or calling Menice Manzanares at the Board's office address or telephone number listed above. Minutes and other Board documents are on the Internet at: *http://www.nnmcab.org.*

Issued at Washington, DC on October 29, 2001.

Rachel M. Samuel,

Deputy Advisory Committee Management Officer.

[FR Doc. 01–27436 Filed 10–31–01; 8:45 am]

BILLING CODE 6405–01–P

DEPARTMENT OF ENERGY

Bonneville Power Administration

Notice of Revised Schedule Regarding Issues Arising Under Bonneville Power Administration's New Large Single Load Policy Review

AGENCY: Bonneville Power Administration (BPA), Department of Energy.

ACTION: Notice of revised schedule for policy issue review and issuance of a record of decision.

SUMMARY: This notice announces a change in the schedule for the policy review of certain issues relating to BPA's existing policy on New Large Single Loads (NLSL). Three issues were identified in the initial **Federal Register** notice (published June 25, 2001) as follows: (1) BPA preference customer service to direct service industrial (DSI) load; (2) the transfer of ''contracted for, committed to'' (CFCT) load determinations between preference customers; and (3) whether BPA should close the class of CFCT load served by BPA customers.

DATES: NLSL ROD publication date on Issues 2 and 3: November or December 2001. Record of Decision on Issue 1: late FY 2002.

FOR FURTHER INFORMATION CONTACT: David Fitzsimmons, Account Executive, Bonneville Power Administration, P.O. Box 3621, Portland, Oregon 97208, telephone (503) 230–3685. Information can also be obtained from your BPA Customer Account Executive.

SUPPLEMENTARY INFORMATION:

Issue 1. BPA received approximately 60 comments on all three issues. After a review of the comments, BPA determined that additional regional discussion would benefit the resolution of the first issue. BPA will invite participation in an appropriate public process for the purpose of addressing this issue in a broader context of issues than the NLSL policy review affords.

This extended review is expected to take place during fiscal year 2002 and may be informed by a more comprehensive process reviewing broader electric power issues. Upon conclusion of this process, BPA plans to issue a record of decision on the first issue, prior to the end of FY 2002, taking into consideration the public comment already received and any additional comment on the issue received during the extended review.

Issues 2 and 3. The treatment of any transfer of ''contracted for, committed to'' (CFCT) loads between public agency or cooperative preference customers; and the issue of whether BPA should close the class of CFCT load served by BPA customers will be addressed in a record of decision which BPA plans to publish during the next sixty days.

BPA is directed by section 3(13) of the Northwest Power Act to treat large retail loads at a consumer's facility, served by a public body, cooperative, investor-owned utility, or Federal agency customer, which load increases power requirements in excess of 10 average megawatts (aMW) in any consecutive 12-month period, as within the definition of New Large Single Loads. For purposes of BPA's sales of electric power to a utility or Federal agency customer, the designation of the load at a consumer's facility as a NLSL does not affect the amount or quality of electric service which BPA provides. BPA treats these loads as any other load in terms of its supply of power and quality of service obligations under its utility power sales contracts. Designation of a load as a NLSL, however, does affect the power rate of the electric power sold for service to that load. BPA may not sell electric power at the Priority Firm (PF) rate to utilities for service to NLSLs. Rather, electric power sold by BPA for utility service to NLSLs is sold at the New Resources (NR) rate, which historically has been a higher rate than the PF rate.

BPA's NLSL policy is a combination of contract and policy decisions recorded in several documents. A statement of those decisions has been consolidated into one document, and it is available on BPA's Web site: *http://www.bpa.gov/Power/subscription.*

While BPA received comments on certain aspects of Issue 1, one area that had not been addressed in the policy process was the transfer of non-DSI loads larger than 9.9 aMW to service from a preference customer. Commenters on Issue 1 expressed the desire to address the more general issue. That issue is whether BPA should change its NLSL policy to allow any large loads at a consumer's facility—new and existing—larger than 9.9 aMW to transfer their load service to a public body, cooperative or federal agency customer in contract increments of only 9.9 aMW [''phase on''], and receive service at BPA's PF rate.

BPA will continue to apply its current policy during the extended review period. The policy states that in making any NLSL determinations BPA considers the entire load at a consumer's facility. If the total electric load associated with a single facility exceeds 9.9 aMW, then the entire electrically connected load is the single load which can be considered as being served by the utility. A utility has a general responsibility to provide service and only limited rights to deny service to consumers. If a consumer's facility has a total connected load exceeding 9.9 aMW and takes service from a utility, even if limited by contract, the load actually placed on the utility is the total connected electric load at the facility. The service would be declared a NLSL by BPA and served at the applicable NR rate if the total plant load that could be served was over 10 aMW.

A change in this policy could permit any large loads at a consumer's facility to separate out the entire load into contract increments of 9.9 aMW, regardless of the total load, and to place the 9.9 aMW per year increments of load on a preference customer at BPA's applicable PF rate. Some comments suggested a need for BPA to adopt this change in policy, others suggested imposition of a limit on the total amount of megawatts that could be transferred under contracts with a utility, and others argued for no change in policy. The extended review will afford an opportunity for parties to comment on the nature and impact of such a change, if any, in the context of future load service for these large loads.

Responsible Official: David Fitzsimmons, Account Executive, Power Business Line, is the official responsible for the review of these issues arising under BPA's NLSL policy.

Issued in Portland, Oregon, on October 22, 2001.

Stephen J. Wright,

Acting Administrator, and Chief Executive Officer.

[FR Doc. 01–27435 Filed 10–31–01; 8:45 am]

BILLING CODE 6450–01–P

DEPARTMENT OF ENERGY

Office of Energy Efficiency and Renewable Energy

Biomass Research and Development Technical Advisory Committee

AGENCY: Department of Energy.

ACTION: Notice of open meeting.

SUMMARY: This notice announces an open meeting of the Biomass Research and Development Technical Advisory Committee under the Biomass Research and Development Act of 2000. The Federal Advisory Committee Act (Public Law No. 92–463, 86 Stat. 770) requires that agencies publish these notices in the **Federal Register** to allow for public participation. This notice announces the meeting of the Biomass Research and Development Technical Advisory Committee.

DATES: November 20, 2001.

TIME: 8 A.M.

ADDRESS: Department of Energy, Room 6E–069, 1000 Independence Avenue, SW., Washington, DC 20585.

FOR FURTHER INFORMATION CONTACT: Douglas E. Kaempf, Designated Federal Officer for the Committee, Office of Energy Efficiency and Renewable Energy, U.S. Department of Energy, 1000 Independence Avenue, SW., Washington, DC 20585; (202) 586–7766.

SUPPLEMENTARY INFORMATION: *Purpose of Meeting:* To provide advice and guidance that promotes research and development leading to the production of biobased industrial products.

Tentative Agenda: Agenda will include discussions on the following:

- Full committee discussion of recommendations to the Secretaries of Energy and Agriculture and their designated Points of Contacts on the technical focus and direction of request for proposals issued under the Biomass Research and Development Initiative.

Public Participation: In keeping with procedures, members of the public are welcome to observe the business of the Biomass Research and Development Technical Advisory Committee. To attend the meeting and/or to make oral statements regarding any of these items on the agenda, you should contact Douglas E. Kaempf at 202–586–7766 or *Bioenergy@ee.doe.gov* (e-mail) for information on DOE building access. You must make your request for an oral statement at least 5 business days before the meeting. Members of the public will be heard in the order in which they sign up at the beginning of the meeting. Reasonable provision will be made to include the scheduled oral statements

on the agenda. The Chair of the Committee will make every effort to hear the views of all interested parties. If you would like to file a written statement with the Committee, you may do so either before or after the meeting. The Chair will conduct the meeting to facilitate the orderly conduct of business.

Minutes: The minutes of the meeting will be available for public review and copying within 60 days at the Freedom of Information Public Reading Room, Room 1E–190, Forrestal Building, 1000 Independence Avenue, SW., Washington, DC, between 9 a.m. and 4 p.m., Monday through Friday, except Federal holidays.

Issued at Washington, DC, on October 29, 2001.

Rachel M. Samuel,

Deputy Advisory Committee Management Officer.

[FR Doc. 01–27434 Filed 10–31–01; 8:45 am]

BILLING CODE 6450–01–P

ENVIRONMENTAL PROTECTION AGENCY

National Environmental Justice Advisory Council

[FRL–7097–4]

Notification of Meeting and Public Comment Period; Open Meetings

Pursuant to the Federal Advisory Committee Act (FACA), Public Law 92–463, we now give notice that the National Environmental Justice Advisory Council (NEJAC), along with the various subcommittees, will meet on the dates and times described below. All times noted are Eastern Standard Time. All meetings are open to the public. Due to limited space, seating at the NEJAC meeting will be on a first-come basis. Documents that are the subject of NEJAC reviews are normally available from the originating EPA office and are *not* available from the NEJAC. The NEJAC and the subcommittee meetings will take place at the Renaissance Madison Hotel, 515 Madison Street, Seattle, WA 98104. The meeting dates are as follows: December 3, 2001 through December 6, 2001. This is the fourth in a series of focused policy issue meetings for the NEJAC. To help prepare for this specific focused policy issue meeting the following background information is provided:

Request and Policy Issue

The Charter for the NEJAC states that the advisory committee shall provide independent advice to the Administrator on areas that may include, among other things, ''the direction, criteria, scope, and adequacy of the EPA's scientific research and demonstration projects'' relating to environment justice. In order to provide such independent advice, the Agency requests that the NEJAC convene a focused, issue-oriented public meeting in Seattle, WA. The meeting shall be used to receive comments on, discuss, and analyze issues related to water quality, fish consumption and environmental justice. The Agency, furthermore, requests that the NEJAC produce a comprehensive report on the differing views, interests, concerns, and perspectives expressed by the stakeholder participants on the focused policy issue, and provide advice and recommendations for the Agency's review and consideration. In order to fulfill this charge, the NEJAC is being asked to discuss and provide recommendations regarding the following broad public policy question:

What is the relationship between water quality, fish consumption, and environmental justice?

NEJAC will examine this issue with respect to research methodologies, risk assessment and risk management approaches, remediation and prevention strategies, and the utilization of statutory authorities and implementing regulations which are designed to protect the health and safety of all people, including minority, low-income and tribal communities

Meeting

Registration for the NEJAC meeting will begin on Monday, December 3, 2001 at 12 noon. The NEJAC will convene Monday, December 3, 2001, from 2–6 p.m. On Monday from 4 p.m.–6 p.m. the Seattle community will conduct a ''virtual'' tour dialogue with the NEJAC. Structured Presentations for the NEJAC Executive Council will take place during this ''virtual'' tour dialogue. The NEJAC will reconvene on Tuesday, December 4, 2001 from 8:30 a.m. to 5 p.m. The meeting on Tuesday will be organized to create the best environment for a deliberative process. The meeting will be conducted in a round table fashion, except during the public comment session. A public comment period dedicated to the focused policy issue is scheduled for Tuesday evening, December 4, 2001, from 7 p.m. to 9 p.m. General environmental justice public comment issues will be heard on Tuesday evening, following the focus policy public comment issues. The following Subcommittees will meet on Wednesday, December 5, 2001, from 9 a.m. to 6 p.m.: Air and Water; Enforcement; Health and Research; Indigenous Peoples; International; and Waste and Facility Siting. The full NEJAC will reconvene Thursday, December 6, 2001, from 9 a.m. to 5 p.m. to wrap up all business requiring Executive Council action. All times shown are local time.

Any member of the public wishing additional information on the subcommittee meetings should contact the specific Designated Federal Official at the telephone number listed below.

Subcommittee, Federal Official and Telephone Number

Enforcement: Ms. Shirley Pate, 202/564–2607

Health & Research: Ms. Brenda Washington, 202/564–6781; Ms. Aretha Brockett, 202/260–3810

International: Ms. Wendy Graham, 202/564–6602

Indigenous Peoples: Mr. Danny Gogal, 202/564–2576

Waste/Facility Siting: Mr. Rey Rivera, 202/260–1910

Air & Water: Mr. Wil Wilson, 202/564–1954; Ms. Alice Walker, 202/260–1919

Members of the public who wish to participate in either of the public comment period should pre-register by November 29, 2001. Members of the public are encouraged to provide comments relevant to the focus issue being deliberated by the NEJAC. Individuals or groups making oral presentations during the public comment period will be limited to a total time of five minutes. Only one representative from a community, organization, or group will be allowed to speak. Any number of written comments can be submitted for the record. The suggested format for individuals making public comment should be as follows:

Request To Make Public Comment
Speaker's Template:
Name of Speaker: _____
Name of Organization/Community: _____
Address/Phone/Fax/Email: _____
Description of Concern: _____
Relationship to the Policy Issue: _____
Recommendations/Desired Outcome: _____

If you wish to submit written comments of any length (at least 50 copies), they should also be received by November 29, 2001. Comments received after that date will be provided to the Council as logistics allow. All information should be sent to the address or fax number cited below.

Registration

Pre-registration for all attendees is recommended. To receive a registration form, call the number listed below or visit the web site. Correspondence concerning registration should be sent to Ms. Victoria Robinson of Tetra Tech Environmental Management, Inc. at: 1881 Campus Commons, Suite 200, Reston, VA 20191, phone: 703/390–0641 or fax: 703/391–5876. Hearing-impaired individuals or non-English speaking attendees wishing to arrange for a sign language or foreign language interpreter, may make appropriate arrangements using these numbers also. In addition, NEJAC offers a toll-free Registration Hotline at 1–888/335–4299. For on-line registration, you may visit the Internet site: *http://es.epa.gov/oeca/main/ej/nejac/nejacform.html*

Dated: October 26, 2001.

Charles Lee,

Designated Federal Officer, National Environmental Justice Advisory Council.

[FR Doc. 01–27467 Filed 10–31–01; 8:45 am]

BILLING CODE 6560–50–P

ENVIRONMENTAL PROTECTION AGENCY

[OPP–30515; FRL–6803–6]

Pesticide Products; Registration Applications

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice.

SUMMARY: This notice announces receipt of applications to register pesticide products containing new active ingredients not included in any previously registered products pursuant to the provisions of section 3(c)(4) of the Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA), as amended.

DATES: Written comments, identified by the docket control number OPP–30515, must be received on or before December 3, 2001.

ADDRESSES: Comments may be submitted by mail, electronically, or in person. Please follow the detailed instructions for each method as provided in Unit I. of the **SUPPLEMENTARY INFORMATION**. To ensure proper receipt by EPA, it is imperative that you identify docket control number OPP–30515 in the subject line on the first page of your response.

FOR FURTHER INFORMATION CONTACT: The Regulatory Action Leader, Biopesticides and Pollution Prevention Division (7511C), listed in the table below:

Regulatory Action Leader	Mailing address	Telephone number and e-mail address	File symbol
Driss Benmhend	1200 Pennsylvania Ave., NW., Washington, DC 20460	(703) 308–9525; benmhend.driss@epa.gov	34704–IGI
Carol Frazer	Do.	(703) 308–8810; frazer.carol@epa.gov	10350–AN and 10350–AR

SUPPLEMENTARY INFORMATION:

I. General Information

A. Does this Action Apply to Me?

You may be affected by this action if you are an agricultural producer, food manufacturer, or pesticide manufacturer. Potentially affected categories and entities may include, but are not limited to:

Categories	NAICS	Examples of Potentially Affected Entities
Industry	111 112 311 32532	Crop production Animal production Food manufacturing Pesticide manufacturing

This listing is not intended to be exhaustive, but rather provides a guide for readers regarding entities likely to be affected by this action. Other types of entities not listed in the table could also be affected. The North American Industrial Classification System (NAICS) codes have been provided to assist you and others in determining whether or not this action might apply to certain entities. If you have questions regarding the applicability of this action to a particular entity, consult the person listed under **FOR FURTHER INFORMATION CONTACT**.

B. How Can I Get Additional Information, Including Copies of this Document and Other Related Documents?

1. *Electronically*. You may obtain electronic copies of this document, and certain other related documents that might be available electronically, from the EPA Internet homepage at *http://www.epa.gov/*. To access this document, on the homepage select ''Laws and Regulations,'' ''Regulations and Proposed Rules,'' and then look up the entry for this document under the ''**Federal Register**—Environmental Documents.'' You can also go directly to the **Federal Register** listings at *http://www.epa.gov/fedrgstr/*.

2.*In person*. The Agency has established an official record for this action under docket control number OPP–30515. The official record consists of the documents specifically referenced in this action, any public comments received during an applicable comment period, and other information related to this action, including any information claimed as confidential business information (CBI). This official record includes the documents that are physically located in the docket, as well as the documents that are referenced in those documents. The public version of the official record does not include any information claimed as CBI. The public version of the official record, which includes printed, paper versions of any electronic comments submitted during an applicable comment period, is available for inspection in the Public Information and Records Integrity Branch (PIRIB), Rm. 119, Crystal Mall #2, 1921 Jefferson Davis Hwy., Arlington, VA, from 8:30 a.m. to 4 p.m., Monday through Friday, excluding legal holidays. The PIRIB telephone number is (703) 305–5805.

C. How and to Whom Do I Submit Comments?

You may submit comments through the mail, in person, or electronically. To ensure proper receipt by EPA, it is imperative that you identify docket control number OPP–30515 in the subject line on the first page of your response.

1. *By mail*. Submit your comments to: Public Information and Records Integrity Branch (PIRIB), Information Resources and Services Division (7502C), Office of Pesticide Programs (OPP), Environmental Protection Agency, 1200 Pennsylvania Ave., NW., Washington, DC 20460.

2.*In person or by courier*. Deliver your comments to: Public Information and Records Integrity Branch (PIRIB), Information Resources and Services Division (7502C), Office of Pesticide Programs (OPP), Environmental

Protection Agency, Rm. 119, Crystal Mall #2, 1921 Jefferson Davis Highway, Arlington, VA. The PIRIB is open from 8:30 a.m. to 4 p.m., Monday through Friday, excluding legal holidays. The PIRIB telephone number is (703) 305–5805.

3. *Electronically*. You may submit your comments electronically by e-mail to: *opp-docket@epa.gov*, or you can submit a computer disk as described above. Do not submit any information electronically that you consider to be CBI. Avoid the use of special characters and any form of encryption. Electronic submissions will be accepted in WordPerfect 6.1/8.0 or ASCII file format. All comments in electronic form must be identified by docket control number OPP–30515. Electronic comments may also be filed online at many Federal Depository Libraries.

D. How Should I Handle CBI that I Want to Submit to the Agency?

Do not submit any information electronically that you consider to be CBI. You may claim information that you submit to EPA in response to this document as CBI by marking any part or all of that information as CBI. Information so marked will not be disclosed except in accordance with procedures set forth in 40 CFR part 2. In addition to one complete version of the comment that includes any information claimed as CBI, a copy of the comment that does not contain the information claimed as CBI must be submitted for inclusion in the public version of the official record. Information not marked confidential will be included in the public version of the official record without prior notice. If you have any questions about CBI or the procedures for claiming CBI, please consult the person identified under **FOR FURTHER INFORMATION CONTACT**.

E. What Should I Consider as I Prepare My Comments for EPA?

You may find the following suggestions helpful for preparing your comments:

1. Explain your views as clearly as possible.

2. Describe any assumptions that you used.

3. Provide copies of any technical information and/or data you used that support your views.

4. If you estimate potential burden or costs, explain how you arrived at the estimate that you provide.

5. Provide specific examples to illustrate your concerns.

6. Offer alternative ways to improve the registration activity.

7. Make sure to submit your comments by the deadline in this notice.

8. To ensure proper receipt by EPA, be sure to identify the docket control number assigned to this action in the subject line on the first page of your response. You may also provide the name, date, and **Federal Register** citation.

II. Registration Applications

EPA received applications as follows to register pesticide products containing active ingredients not included in any previously registered products pursuant to the provision of section 3(c)(4) of FIFRA. Notice of receipt of these applications does not imply a decision by the Agency on the applications.

Products Containing Active Ingredients Not Included in Any Previously Registered Products

1. File symbol: 10350–AN. Applicant: 3M/St. Paul, MN 55144–1000. Product name: VWX-42 Technology. Product type: Family of biocides: the C8, C10 and C12 straight chain fatty acid monoesters of glycerol and propylene glycol. Active ingredients: Glycerol monocaprate, glycerol monocaprylate, glycerol monolaurate, propylene glycol monocaprate, propylene glycol monocaprylate, propylene glycol monolaurate at 86.68, 88.21, 93.50, 71.37, 68.62, 75.85%. Proposed classification/Use: Manufacturing use product for products that control plant diseases and microbial contamination.

2. File symbol: 10350–AR. Applicant: 3M/St. Paul, MN 55144–1000. Product name: 3M Potato Sanitizer. Product type: Biocide. Active ingredient: Propylene glycol monocaprylate 9.6%. Proposed classification/Use: To be used on potatoes immediately prior to packaging or being placed in long-term storage for control of microorganisms that cause decay of potatoes.

3. File symbol: 34704–IGI. Applicant: Platte Chemical Company, 419 18th Street, Greely, CO 80632. Product name: Alli-Up. Active ingredient: Contains 90% of the new active ingredient Diallyl Sulfides (DADs), a soil fumigant solution. Proposed classification/Use: To be used for the control of white rot, in onions, garlic and leaks.

List of Subjects

Environmental protection, Pesticides and pest.

Dated: October 19, 2001.

Janet L. Andersen,

Director, Biopesticides and Pollution Prevention Division, Office of Pesticide Programs.

[FR Doc. 01–27471 Filed 10–31–01; 8:45 am]

BILLING CODE 6560–50–S

ENVIRONMENTAL PROTECTION AGENCY

[PF–1047; FRL–6805–7]

Notice of Filing a Pesticide Petition to Establish a Tolerance for a Certain Pesticide Chemical in or on Food

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice.

SUMMARY: This notice announces the initial filing of a pesticide petition proposing the establishment of regulations for residues of a certain pesticide chemical in or on various food commodities.

DATES: Comments, identified by docket control number PF–must be received on or before December 3, 2001.

ADDRESSES: Comments may be submitted by mail, electronically, or in person. Please follow the detailed instructions for each method as provided in Unit I.C. of the **SUPPLEMENTARY INFORMATION**. To ensure proper receipt by EPA, it is imperative that you identify docket control number PF–1046 the subject line on the first page of your response.

FOR FURTHER INFORMATION CONTACT: By mail: Linda Hollis, Biopesticides and Pollution Prevention Division, Registration Division (7505W), Office of Pesticide Programs, Environmental Protection Agency, 1200 Pennsylvania Ave., NW., Washington, DC 20460; telephone number: (703) 308–8733; e-mail address: *acierto.amelia@epa.gov*.

SUPPLEMENTARY INFORMATION:

I. General Information

A. Does this Action Apply to Me?

You may be affected by this action if you are an agricultural producer, food manufacturer or pesticide manufacturer. Potentially affected categories and entities may include, but are not limited to:

Categories	NAICS codes	Examples of potentially affected entities
Industry	111 112	Crop production Animal production

Categories	NAICS codes	Examples of potentially affected entities
	311 32532	Food manufacturing Pesticide manufacturing

This listing is not intended to be exhaustive, but rather provides a guide for readers regarding entities likely to be affected by this action. Other types of entities not listed in the table could also be affected. The North American Industrial Classification System (NAICS) codes have been provided to assist you and others in determining whether or not this action might apply to certain entities. If you have questions regarding the applicability of this action to a particular entity, consult the person listed under **FOR FURTHER INFORMATION CONTACT**.

B. How Can I Get Additional Information, Including Copies of this Document and Other Related Documents?

1. *Electronically*. You may obtain electronic copies of this document, and certain other related documents that might be available electronically, from the EPA Internet homepage at *http://www.epa.gov/*. To access this document, on the homepage select ''Laws and Regulations'' '' Regulation and Proposed Rules,'' and then look up the entry for this document under the ''**Federal Register**—Environmental Documents.'' You can also go directly to the **Federal Register** listings at *http://www.epa.gov/fedrgstr/*.

2. *In person*. The Agency has established an official record for this action under docket control number PF–1046. The official record consists of the documents specifically referenced in this action, any public comments received during an applicable comment period, and other information related to this action, including any information claimed as confidential business information (CBI). This official record includes the documents that are physically located in the docket, as well as the documents that are referenced in those documents. The public version of the official record does not include any information claimed as CBI. The public version of the official record, which includes printed, paper versions of any electronic comments submitted during an applicable comment period, is available for inspection in the Public Information and Records Integrity Branch (PIRIB), Rm. 119, Crystal Mall #2, 1921 Jefferson Davis Highway, Arlington, VA, from 8:30 a.m. to 4 p.m., Monday through Friday, excluding legal holidays. The PIRIB telephone number is (703) 305–5805.

C. How and to Whom Do I Submit Comments?

You may submit comments through the mail, in person, or electronically. To ensure proper receipt by EPA, it is imperative that you identify docket control number PF–1046 in the subject line on the first page of your response.

1. *By mail*. Submit your comments to: Public Information and Records Integrity Branch (PIRIB), Information Resources and Services Division (7502C), Office of Pesticide Programs (OPP), Environmental Protection Agency, 1200 Pennsylvania Ave., NW., Washington, DC 20460.

2. *In person or by courier*. Deliver your comments to: Public Information and Records Integrity Branch (PIRIB), Information Resources and Services Division (7502C), Office of Pesticide Programs (OPP), Environmental Protection Agency, Rm. 119, Crystal Mall #2, 1921 Jefferson Davis Highway, Arlington, VA. The PIRIB is open from 8:30 a.m. to 4 p.m., Monday through Friday, excluding legal holidays. The PIRIB telephone number is (703) 305–5805.

3. *Electronically*. You may submit your comments electronically by e-mail to: *opp-docket@epa.gov*, or you can submit a computer disk as described above. Do not submit any information electronically that you consider to be CBI. Avoid the use of special characters and any form of encryption. Electronic submissions will be accepted in Wordperfect 6.1/8.0 or ASCII file format. All comments in electronic form must be identified by docket control number PF–000. Electronic comments may also be filed online at many Federal Depository Libraries.

D. How Should I Handle CBI That I Want to Submit to the Agency?

Do not submit any information electronically that you consider to be CBI. You may claim information that you submit to EPA in response to this document as CBI by marking any part or all of that information as CBI. Information so marked will not be disclosed except in accordance with procedures set forth in 40 CFR part 2. In addition to one complete version of the comment that includes any information claimed as CBI, a copy of the comment that does not contain the information claimed as CBI must be submitted for inclusion in the public version of the official record. Information not marked confidential will be included in the public version of the official record without prior notice. If you have any questions about CBI or the procedures for claiming CBI, please consult the person identified under **FOR FURTHER INFORMATION CONTACT**.

E. What Should I Consider as I Prepare My Comments for EPA?

You may find the following suggestions helpful for preparing your comments:

1. Explain your views as clearly as possible.

2. Describe any assumptions that you used.

3. Provide copies of any technical information and/or data you used that support your views.

4. If you estimate potential burden or costs, explain how you arrived at the estimate that you provide.

5. Provide specific examples to illustrate your concerns.

6. Make sure to submit your comments by the deadline in this notice.

7. To ensure proper receipt by EPA, be sure to identify the docket control number assigned to this action in the subject line on the first page of your response. You may also provide the name, date, and **Federal Register** citation.

II. What Action is the Agency Taking?

EPA has received a pesticide petition as follows proposing the establishment and/or amendment of regulations for residues of a certain pesticide chemical in or on various food commodities under section 408 of the Federal Food, Drug, and Comestic Act (FFDCA), 21 U.S.C. 346a. EPA has determined that this petition contains data or information regarding the elements set forth in section 408(d)(2); however, EPA has not fully evaluated the sufficiency of the submitted data at this time or whether the data support granting of the petition. Additional data may be needed before EPA rules on the petition.

List of Subjects

Environmental protection, Agricultural commodities, Feed additives, Food additives, Pesticides and pests, Reporting and recordkeeping requirements.

Dated: October 17, 2001.

Janet L. Anderson,

Director, Registration Division, Office of Pesticide Programs.

Summary of Petition

The petitioner summary of the pesticide petition is printed below as required by section 408(d)(3) of the FFDCA. The summary of the petition was prepared by the petitioner and represents the view of the petitioners. EPA is publishing the petition summary verbatim without editing it in any way. The petition summary announces the availability of a description of the analytical methods available to EPA for the detection and measurement of the pesticide chemical residues or an explanation of why no such method is needed.

BioSafe Systems

PP 8F4996

EPA has received a pesticide petition 8F4996 from Biosafe Systems, 80 Commerce Street, Glastonbury, CT 06033], proposing pursuant to section 408(d) of the Federal Food, Drug, and Cosmetic Act (FFDCA), 21 U.S.C. 346a(d), to amend 40 CFR part 180 to establish an amendment/expansion of an existing tolerance exemption for the biochemical pesticide hydrogen peroxide in or on all postharvest agricultural food commodities at the rate of < 1% hydrogen peroxide per application.

Pursuant to section 408(d)(2)(A)(i) of the FFDCA, as amended, Biosafe Systems has submitted the following summary of information, data, and arguments in support of their pesticide petition. This summary was prepared by [Biosafe Systems] and EPA has not fully evaluated the merits of the pesticide petition. The summary may have been edited by EPA if the terminology used was unclear, the summary contained extraneous material, or the summary unintentionally made the reader conclude that the findings reflected EPA's position and not the position of the petitioner.

A. Product name and Proposed Use Practices

Hydrogen peroxide is for use to control plant pathogenic diseases on plants, food commodities, greenhouse surfaces and other agricultural use sites. BioSafe Systems maintains 2 registrations for 27.00% hydrogen peroxide end-use products, ZeroTol (EPA Reg. No. 70299–1) and Oxidate (EPA Reg. No. 70299–2), for these uses.

B. Product Identity/Chemistry

1. Identity of the pesticide and corresponding residues. Hydrogen peroxide reacts on contact with a surface on which it is applied, and rapidly degrades to oxygen and water, neither of which is of toxicological concern.

2. Analytical method. An analytical method for the detection of residues of hydrogen peroxide is not applicable. Hydrogen peroxide is used in low concentrations and rapidly degrades into water and oxygen.

C. Mammalian Toxicological Profile

Hydrogen peroxide at a concentration of 27% has a pH of 1.05, at which concentration the Agency assumes a toxicity category I for skin and eye irritation. BioSafe Systems has submitted toxicology information from open literature for aqueous solutions containing 6% and 50% hydrogen peroxide. The concentrate (27% hydrogen peroxide) will be diluted with water at the rate of 1:50 or 1:100 or 1:300 and thus, the concentration of hydrogen peroxide in the product at the time of application will range from 0.09% to 0.54%.

The information from open literature demonstrated that solutions containing 6% hydrogen peroxide have an acute oral LD_{50} ≥5,000 mg/kg in rats (toxicity category III), an acute dermal LD_{50} ≥10,000 mg/kg in rabbits (toxicity category IV), and an inhalation LC_{50} of 4 milligrams per liter (mg/l) (toxicity category IV). The 6% hydrogen peroxide solutions are mild irritants to rabbit skin and cause sever irreversible corneal injury in half of the exposed rabbits (toxicity category I). Toxicology information from open literature demonstrated that solutions that contained 50% hydrogen peroxide have an acute oral LD_{50} ≥500 mg/kg in rats (toxicity category II) and an acute dermal LD_{50} ≥1,000 mg/kg in rabbits (toxicity category II). No deaths resulted after an 8–hour exposure of rats to saturated vapors of 90% hydrogen peroxide, LC_{50} is 4 mg/l (2,000 ppm). Solutions that contain 50% hydrogen peroxide are also extremely irritating (corrosive) to rabbit eyes (toxicity category I).

EPA has concluded that for food use at an application rate of ≤1% hydrogen peroxide, no apparent acute toxicity and subchronic toxicity end-points exist to suggest a significant toxicity. An RfD (chronic toxicity) for hydrogen peroxide has not been estimated because of its short half-life in the environment and lack of any residues of toxicological concern. For similar reasons, an additional safety factor was not judged necessary to protect the safety of infants and children. Additionally, hydrogen peroxide is listed by the Food and Drug Administration as Generally Recognized as Safe (GRAS).

Additionally, hydrogen peroxide is used to treat food at a maximum level of 0.05% in milk used in cheese-making, 0.04% in whey, 0.15% in starch and corn syrup, and 1.25% in emulsifiers containing fatty acid esters as bleaching agents (21 CFR Part 184.1366). As a GRAS su stance, hydrogen peroxide may be used in washing or to assist in the lye peeling of fruits and vegetables (21 CFR 173.315).

D. Aggregate Exposure

1. *Dietary exposure*—i. *Food*. For the proposed uses, the concentrate of hydrogen peroxide will be diluted with water ate the rate of 1:50, 1:100 or 1:300 corresponding to a low concentration of hydrogen peroxide in the product at the time of application (0.09% - 0.54%). The solution, having a low concentration of hydrogen peroxide, reacts on contact with the surface on which it is sprayed, and degrades rapidly to oxygen and water. Therefore residues in or on treated food commodities (growing and postharvest crops) are expected to be negligible. Additional sources of the GRAS substance hydrogen peroxide in concentrations range from 0.04% to 1.25% in various foods as cited above (21 CFR Part 184.1366).

ii. *Drinking water*. At the proposed application rates, the use of hydrogen peroxide to treat food commodities will result in minimal transfer of residues to potential drinking water sources. This is due to the low application rate and the rapid chemical degradation of hydrogen peroxide into oxygen and water, neither of which is of toxicological concern. The EPA Office of Water has stated that it has seen no new data that contradict the assessment previously given which is that low concentrations of hydrogen peroxide do not typically persist in drinking water at levels that pose a health risk.

2. *Non-dietary exposure*. There will be minimal amounts of non-dietary exposure to hydrogen peroxide, primarily through infrequent or short use of topical hydrogen peroxide products for treating minor skin injuries, and through use of oral mouthwashes. Exposure is expected to be minimal, and when used hydrogen

peroxide rapidly degradates into oxygen and water, neither of which is of toxicological concern.

E. Cumulative Exposure

Because of the low use rates of hydrogen peroxide, its low toxicity and rapid degradation, EPA does not believe that there is any concern regarding the potential for cumulative effects of hydrogen peroxide with other substances due to a common mechanism of action. Because hydrogen peroxide is not known to have a common toxic metabolite with other substances, EPA has not assumed that hydrogen peroxide has a common mechanism of toxicity with other substances.

F. Safety Determination to the General U.S. Population, and Infants and Children

Because hydrogen peroxide is of low toxicity, the proposed uses employ low concentrations of hydrogen peroxide, and hydrogen peroxide degrades rapidly following application, EPA concludes that this exemption from the requirement of a tolerance in or on all food commodities for hydrogen peroxide, when applied at ≤1%, will not pose a dietary risk under reasonably foreseeable circumstances. Further, the EPA Office of Water has stated that it has seen no new data that contradict the assessment previously given which is that low concentrations of hydrogen peroxide do not typically persist in drinking water at levels that pose a health risk. Accordingly EPA concluded that there is a reasonable certainty of no harm to consumers, including infants and children, from aggregate exposure to hydrogen peroxide.

G. Effects on the Immune and Endocrine Systems

There is no evidence to suggest that hydrogen peroxide in the proposed concentrations will adversely affect the endocrine system.

H. Existing Tolerances

An exemption from the requirement of a tolerance (40 CFR Part 180.1197) is established for residues of hydrogen peroxide in or on all food commodities at the rate of ≤ 1% hydrogen peroxide per application on growing crops and postharvest potatoes when applied as an algaecide, fungicide and bactericide.

I. International Tolerances

There is no Codex Alimentarium Commission Maximum Residue Level (MRL) for hydrogen peroxide.

[FR Doc. 01–27469 Filed 10–31–01; 8:45 am]

BILLING CODE 6560–50–S

ENVIRONMENTAL PROTECTION AGENCY

[PF–1049; FRL–6807–7]

Notice of Filing a Pesticide Petition to Establish a Tolerance for a Certain Pesticide Chemical in or on Food

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice.

SUMMARY: This notice announces the initial filing of a pesticide petition proposing the establishment of regulations for residues of a certain pesticide chemical in or on various food commodities.

DATES: Comments, identified by docket control number PF–1049, must be received on or before December 3, 2001.

ADDRESSES: Comments may be submitted by mail, electronically, or in person. Please follow the detailed instructions for each method as provided in Unit I.C. of the **SUPPLEMENTARY INFORMATION**. To ensure proper receipt by EPA, it is imperative that you identify docket control number PF–1049 in the subject line on the first page of your response.

FOR FURTHER INFORMATION CONTACT: By mail: Treva C. Alston, Registration Support Branch, Registration Division (7505C), Office of Pesticide Programs, Environmental Protection Agency, 1200 Pennsylvania Ave., NW., Washington, DC 20460; telephone number: (703) 308–8373; e-mail address: *alston.treva@epa.gov*.

SUPPLEMENTARY INFORMATION:

I. General Information

A. Does this Action Apply to Me?

You may be affected by this action if you are an agricultural producer, food manufacturer or pesticide manufacturer. Potentially affected categories and entities may include, but are not limited to:

Categories	NAICS code	Examples of potentially affected entities
Industry	111 112 311 32532	Crop production Animal production Food manufacturing Pesticide manufacturing

This listing is not intended to be exhaustive, but rather provides a guide for readers regarding entities likely to be affected by this action. Other types of entities not listed in the table could also be affected. The North American Industrial Classification System (NAICS) codes have been provided to assist you and others in determining whether or not this action might apply to certain entities. If you have questions regarding the applicability of this action to a particular entity, consult the person listed under **FOR FURTHER INFORMATION CONTACT**.

B. How Can I Get Additional Information, Including Copies of this Document and Other Related Documents?

1. *Electronically*. You may obtain electronic copies of this document, and certain other related documents that might be available electronically, from the EPA Internet homepage at *http://www.epa.gov/*. To access this document, on the homepage select ''Laws and Regulations'' and then look up the entry for this document under the ''**Federal Register**—Environmental Documents.'' You can also go directly to the **Federal Register** listings at *http://www.epa.gov/fedrgstr/*.

2. *In person*. The Agency has established an official record for this action under docket control number PF–1049. The official record consists of the documents specifically referenced in this action, any public comments received during an applicable comment period, and other information related to this action, including any information claimed as confidential business information (CBI). This official record includes the documents that are physically located in the docket, as well as the documents that are referenced in those documents. The public version of the official record does not include any information claimed as CBI. The public version of the official record, which includes printed, paper versions of any electronic comments submitted during an applicable comment period, is available for inspection in the Public Information and Records Integrity Branch (PIRIB), Rm. 119, Crystal Mall #2, 1921 Jefferson Davis Highway, Arlington, VA, from 8:30 a.m. to 4 p.m., Monday through Friday, excluding legal holidays. The PIRIB telephone number is (703) 305–5805.

C. How and to Whom Do I Submit Comments?

You may submit comments through the mail, in person, or electronically. To ensure proper receipt by EPA, it is imperative that you identify docket control number PF–1049 in the subject line on the first page of your response.

1. *By mail*. Submit your comments to: Public Information and Records Integrity Branch (PIRIB), Information Resources and Services Division (7502C), Office of Pesticide Programs

(OPP), Environmental Protection Agency, 1200 Pennsylvania Ave., NW., Washington, DC 20460.

2. *In person or by courier*. Deliver your comments to: Public Information and Records Integrity Branch (PIRIB), Information Resources and Services Division (7502C), Office of Pesticide Programs (OPP), Environmental Protection Agency, Rm. 119, Crystal Mall #2, 1921 Jefferson Davis Highway, Arlington, VA. The PIRIB is open from 8:30 a.m. to 4 p.m., Monday through Friday, excluding legal holidays. The PIRIB telephone number is (703) 305–5805.

3. *Electronically*. You may submit your comments electronically by e-mail to: opp-docket@epa.gov, or you can submit a computer disk as described above. Do not submit any information electronically that you consider to be CBI. Avoid the use of special characters and any form of encryption. Electronic submissions will be accepted in Wordperfect 6.1/8.0 or ASCII file format. All comments in electronic form must be identified by docket control number PF–1049. Electronic comments may also be filed online at many Federal Depository Libraries.

D. How Should I Handle CBI That I Want to Submit to the Agency?

Do not submit any information electronically that you consider to be CBI. You may claim information that you submit to EPA in response to this document as CBI by marking any part or all of that information as CBI. Information so marked will not be disclosed except in accordance with procedures set forth in 40 CFR part 2. In addition to one complete version of the comment that includes any information claimed as CBI, a copy of the comment that does not contain the information claimed as CBI must be submitted for inclusion in the public version of the official record. Information not marked confidential will be included in the public version of the official record without prior notice. If you have any questions about CBI or the procedures for claiming CBI, please consult the person identified under **FOR FURTHER INFORMATION CONTACT**.

E. What Should I Consider as I Prepare My Comments for EPA?

You may find the following suggestions helpful for preparing your comments:

1. Explain your views as clearly as possible.

2. Describe any assumptions that you used.

3. Provide copies of any technical information and/or data you used that support your views.

4. If you estimate potential burden or costs, explain how you arrived at the estimate that you provide.

5. Provide specific examples to illustrate your concerns.

6. Make sure to submit your comments by the deadline in this notice.

7. To ensure proper receipt by EPA, be sure to identify the docket control number assigned to this action in the subject line on the first page of your response. You may also provide the name, date, and **Federal Register** citation.

II. What Action is the Agency Taking?

EPA has received a pesticide petition as follows proposing the establishment and/or amendment of regulations for residues of a certain pesticide chemical in or on various food commodities under section 408 of the Federal Food, Drug, and Cosmetic Act (FFDCA), 21 U.S.C. 346a. EPA has determined that this petition contains data or information regarding the elements set forth in section 408(d)(2); however, EPA has not fully evaluated the sufficiency of the submitted data at this time or whether the data support granting of the petition. Additional data may be needed before EPA rules on the petition.

List of Subjects

Environmental protection, Agricultural commodities, Feed additives, Food additives, Pesticides and pests, Reporting and recordkeeping requirements.

Dated: October 18, 2001.

Peter Caulkins,

Acting Director, Registration Division, Office of Pesticide Programs. Programs.

Summary of Petition

The petitioner's summary of the pesticide petition is printed below as required by section 408(d)(3) of the FFDCA. The summary of the petition was prepared by the petitioner and represents the view of the petitioners. EPA is publishing the petition summary verbatim without editing it in any way. The petition summary announces the availability of a description of the analytical methods available to EPA for the detection and measurement of the pesticide chemical residues or an explanation of why no such method is needed.

Wacker Silicones Corporation

5E4595

EPA has received a pesticide petition (5E4595) from Wacker Silicones Corporation, 3301 Sutton Road, Adrian, MI 49221–9397 proposing, pursuant to section 408(d) of the FFDCA, 21 U.S.C. 346a(d), to amend 40 CFR part 180 to establish an exemption from the requirement of a tolerance for tetraethoxysilane polymer with hexamethyldisiloxane (CAS No. 104133–09–7), when used as an inert ingredient in pesticide formulations applied in accordance with good agricultural practice to growing crops and to raw agricultural commodities after harvest, and to animals. EPA has determined that the petition contains data or information regarding the elements set forth in section 408(d)(2) of the FFDCA; however, EPA has not fully evaluated the sufficiency of the submitted data at this time or whether the data support granting of the petition. Additional data may be needed before EPA rules on the petition.

In the case of certain substances that are defined as ''polymers,'' the Agency has established a set of criteria that identify categories of polymers that present low risk. These criteria described in 40 CFR 723.250 identify polymers that are relatively unreactive and stable compounds to other chemical substances was well as polymers that typically are not readily absorbed. These properties generally limit a polymer's ability to cause adverse effects. In addition, these criteria exclude polymers about which little is known. The Agency believes that polymers meeting the criteria noted will present minimal or no risk. Tetraethoxysilane, polymer with hexamethyldisiloxane conforms to the definition of polymer given in 40 CFR 723.250(b) (as amended April 11, 1997) and meets the following criteria that are used to identify low risk polymers.

1. Tetraethoxysilane, polymer with hexamethyldisiloxane is not a cationic polymer, nor is it reasonably anticipated to become a cationic polymer in the natural aquatic environment.

2. Tetraethoxysilane, polymer with hexamethyldisiloxane contains as an integral part of its composition the atomic elements carbon, hydrogen, oxygen and silicon.

3. Tetraethoxysilane, polymer with hexamethyldisiloxane does not contain as an integral part of its composition, except as impurities, any element other than those listed in 40 CFR 723.250 (d)(2)(ii).

4. Tetraethoxysilane, polymer with hexamethyldisiloxane is not reasonably

anticipated to substantially degrade, decompose or depolymerize.

5. Tetraethoxysilane, polymer with hexamethyldisiloxane is not manufactured or imported from monomers and/or other reactants that are not already included on the TSCA Chemical Substance Inventory or manufactured under an applicable TSCA section 5 exemption.

6. Tetraethoxysilane, polymer with hexamethyldisiloxane is not a water absorbing polymer with a number average molecular weight (MW) 10,000 or greater. Tetraethoxysilane, polymer with hexamethyldisiloxane also meets the exemption criteria of 40 CFR 723.250(e)(1) (as amended April 11, 1997). Tetraethoxysilane, polymer with hexamethyldisiloxane has a number average MW greater than or equal to 1,000 and less than 10,000 daltons (and oligomer content less than 10% below MW 500 and less than 25% below MW 1,000).

A. Aggregate Exposure

1. *Dietary exposure.* Tetraethoxysilane, polymer with hexamethyldisiloxane is not absorbed through the skin or gastrointestinal (GI) tract and is generally considered incapable of eliciting a toxic response.

i. *Food.* There are no food or food additive uses of tetraethoxysilane, polymer with hexamethyldisiloxane currently approved under 40 CFR. There are currently approved indirect food contact uses for tetraethoxysilane, polymer with hexamethyldisiloxane under 21 CFR 175.300, 175.320, and 176.170.

ii. *Drinking water.* Tetraethoxysilane, polymer with hexamethyldisiloxane is not absorbed through the skin or GI tract and is generally considered incapable of eliciting a toxic response.

2. *Non-dietary exposure.* There are no exposures to tetraethoxysilane, polymer with hexamethyldisiloxane through non-occupational, non-dietary routes.

B. Cumulative Effects

There are no data to support cumulative risk from tetraethoxysilane, polymer with hexamethyldisiloxane since polymers with MWs greater than 400 generally are not absorbed through the intact skin and substances with MWs greater than 1,000 generally are not absorbed through the GI tract. Chemicals not absorbed through the skin or GI tract generally are incapable of eliciting a toxic response. Therefore, there is no reasonable expectation of risk due to cumulative exposure.

C. Safety Determination

1. *U.S. population.* Tetraethoxysilane, polymer with hexamethyldisiloxane causes no safety concerns because it conforms to the definition of a low risk polymer given in 40 CFR 723.250(e)(1) and as such is considered incapable of eliciting a toxic response.

2. *Infants and children.* Tetraethoxysilane, polymer with hexamethyldisiloxane causes no additional concern to infants and children because it conforms to the definition of a low risk polymer given in 40 CFR 723.250(e)(1), and as such, is considered incapable of eliciting a toxic response.

D. International Tolerances

There are no CODEX Maximum Residue Limits established for tetraethoxysilane, polymer with hexamethyldisiloxane in/on any crop commodities at this time.

[FR Doc. 01–27470 Filed 10–31–01; 8:45 am]
BILLING CODE 6560–50–S

EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

SES Performance Review Board Members

AGENCY: Equal Employment Opportunity Commission (EEOC).

ACTION: Notice.

SUMMARY: Notice is hereby given of the names of the members of the SES Performance Review Board of EEOC .

FOR FURTHER INFORMATION CONTACT: Arlethia D. Monroe, Acting Director, Office of Human Resources, Equal Employment Opportunity Commission, 1801 L Street, NW., Washington, DC 20507, (202) 663–4306.

SUPPLEMENTARY INFORMATION: Pursuant to the requirement of 5 U.S.C. 4314(c)(1), membership of the SES Performance Review Board is as follows: Mr. Roy J. Rodriguez, Deputy Chief Operating Officer, Equal Employment Opportunity Commission (Chairperson); Mr. Chester V. Bailey, Director, Milwaukee District Office, Equal Employment Opportunity Commission; Ms. Patricia T. Bivins, Director, New Orleans District Office, Equal Employment Opportunity Commission; Mr. David L. Frank, Legal Counsel, Equal Employment Opportunity Commission; Susan L. McDuffie, Director, San Francisco District Office, Equal Employment Opportunity Commission; Peggy R. Mastroianni, Associate Legal Counsel (Alternate), Equal Employment Opportunity Commission.

Signed at Washington, D.C., on this 25th day of October 2001.

For the Commission.

Cari. M. Dominguez,

Chair.

[FR Doc. 01–27408 Filed 10–31–01; 8:45 am]
BILLING CODE 6570–01–P

FEDERAL COMMUNICATIONS COMMISSION

[Report No. AUC–01–43–B (Auction No. 43); DA 01–2315]

Auction No. 43 Multi-Radio Service Auction Scheduled for January 10, 2002; Notice and Filing Requirements, Minimum Opening Bids, Upfront Payments and Other Procedural Issues

AGENCY: Federal Communications Commission.

ACTION: Notice.

SUMMARY: This document announces the procedures and minimum opening bids for the upcoming auction of licenses in the Phase II 220 MHz Service, 800 MHz Specialized Mobile Radio (''SMR'') Service General Category Frequencies, and Location and Monitoring Service (''LMS'') scheduled for January 10, 2002 (Auction No. 43).

DATES: Auction No. 43 is scheduled for January 10, 2002.

FOR FURTHER INFORMATION CONTACT: Auctions and Industry Analysis Division: Howard Davenport, Legal Branch, or Lyle Ishida, Auctions Operations Branch, at (202) 418–0660; Barbara Sibert, Auctions Operations Branch, at (717) 338–2888, Media Contact: Meribeth McCarrick at (202) 418–0654, Commercial Wireless Division: Amal Abdallah, Policy and Rules Branch, or Dwain Livingston, Licensing and Technical Analysis Branch, at (202) 418–0620.

SUPPLEMENTARY INFORMATION: This is a summary of the *Auction No. 43 Procedures Public Notice* released October 10, 2001. The complete text of the *Auction No. 43 Procedures Public Notice*, including attachments, is available for public inspection and copying during regular business hours at the FCC Reference Information Center, Portals II, 445 12th Street, SW., Room CY-A257, Washington, DC, 20554. The Auction No. 43 Procedures Public Notice may also be purchased from the Commission's duplicating contractor, Qualex International, Portals II, 445 12th Street, SW., Room CY-B402, Washington, DC, 20554, telephone 202–863–2893, facsimile 202–863–2898, or via e-mail qualexint@aol.com.

I. General Information

A. Introduction

1. By the *Auction No. 43 Procedures Public Notice*, the Wireless Telecommunications Bureau (''Bureau'') announces the procedures and minimum opening bids for the upcoming auction of licenses in the Phase II 220 MHz Service, 800 MHz Specialized Mobile Radio (''SMR'') Service General Category Frequencies, and Location and Monitoring Service (''LMS'') scheduled for January 10, 2002 (Auction No. 43). On September 7, 2001, in accordance with the Balanced Budget Act of 1997, the Bureau released a public notice seeking comment on reserve prices or minimum opening bids and the procedures to be used in Auction No. 43. The Bureau received no comments in response to the *Auction No. 43 Comment Public Notice,* 66 FR 48462 (September 20, 2001).

i. Background of Proceeding

2. Auction No. 43 will include licenses in the Phase II 220 MHz Service, 800 MHz SMR Service General Category Frequencies, and Location and Monitoring Service that either remain unsold from a previous auction or were defaulted on by a winning bidder in a previous auction.

a. Phase II 220 MHz

3. In March 1997, the Commission restructured the licensing framework that governs the 220 MHz Service. Site-specific licensing used in the Phase I 220 MHz Service, was replaced with a geographic-based system in the Phase II 220 MHz Service, which is the subject of Auction No. 43. This geographic-based licensing methodology is similar to that used in other commercial mobile radio services (''CMRS''). The Commission developed three types of geographic area licenses for the Phase II 220 MHz Service. The first type of license was based upon Economic Areas (EAs), developed by the Bureau of Economic Analysis of the U.S. Department of Commerce. In addition, the Commission created three EA-type license areas to cover the following United States territories: American Samoa; the U.S. Virgin Islands and Puerto Rico; and Guam and the Northern Mariana Islands. The second type of license, known as Economic Area Groupings (EAGs), included 6 groups of EAs, which collectively encompassed all of the EA and EA-type licenses. Finally, the Commission designed three nationwide licenses, each of which encompassed all six EAGs. Service and operational requirements for the Phase II 220 MHz Service are contained in Part 90 of the Commission's Rules, 47 CFR 90.

b. 800 MHz SMR

4. On December 15, 1995, the Federal Communications Commission (''FCC'' or ''Commission'') released a *800 MHz First Report and Order*, 61 FR 6212 (February 16, 1996), that set forth proposals for new licensing rules and auction procedures for the ''lower 230'' 800 MHz SMR channels. On July 10, 1997, the Commission released a 800 MHz Second Report and Order, 62 FR 41190 (July 31, 1997), that resolved pending issues and established technical and operational rules for the ''lower 230'' 800 MHz SMR channels. On October 8, 1999, the Commission released a *800 MHz Order on Reconsideration, 64 FR 71042 (December 20, 1999), that completed the implementation of a new licensing framework for the 800 MHz SMR service.*

c. LMS

5. In 1995, the Commission established rules governing the licensing of the LMS in the 902–928 MHz frequency band. LMS refers to advanced radio technologies designed to support the nation's transportation infrastructure and to facilitate the growth of Intelligent Transportation Systems. The Commission created a new subpart M in part 90 of the Commission's rules for Transportation Infrastructure Radio Services, which includes LMS and like services.

6. The LMS licenses offered in Auction No. 43 are multilateration licenses. Multilateration LMS systems are designed to locate vehicles or other objects by measuring the difference in time of arrival, or difference in phase, of signals transmitted from a unit to a number of fixed points, or from a number of fixed points to the unit to be located. Such systems generally use spread-spectrum technology to locate vehicles throughout a wide geographic area. Multilateration technology is used, for example, by trucking companies to track individual vehicles, by municipalities to pinpoint the location of their buses, and by private entrepreneurs developing subscriber-based services for recovery of stolen vehicles. The Commission defined non-multilateration systems as LMS systems that employ any technology other than multilateration technology. The Commission noted that unlike a multilateration system, which determines the location of a vehicle or object over a wide area, a typical non-multilateration system uses narrowband technology whereby an electronic device placed in a vehicle transfers information to and from that vehicle when the vehicle passes near one of the system's stations. i.Licenses to Be Auctioned

7. The Auction No. 43 Comment Public Notice announced that 4 licenses in the Phase II 220 MHz Service, 23 licenses for the 800 MHz SMR Service General Category Frequencies, and 42 multilateration licenses in the Location and Monitoring Service (''LMS''), were to be auctioned on January 10, 2002. A complete list of licenses available for Auction No. 43 and their descriptions is included as Attachment A of the Auction No. 43 Procedures Public Notice.

B. Rules and Disclaimers

i. Relevant Authority

8. Prospective bidders must familiarize themselves thoroughly with the Commission's rules relating to the Phase II 220 MHz Service, 800 MHz SMR Service, and Location and Monitoring Service contained in title 47, part 90 of the Code of Federal Regulations, and those relating to application and auction procedures, contained in title 47, part 1 of the Code of Federal Regulations. Prospective bidders must also be thoroughly familiar with the procedures, terms and conditions (collectively, ''Terms'') contained in the Auction No. 43 Procedures Public Notice; the Auction No. 43 Comment Public Notice; and the Part 1 Fifth Report and Order, 65 FR 52401 (August 29, 2000), (as well as prior Commission proceedings regarding competitive bidding procedures).

a. Phase II 220 MHz

9. Auction participants bidding on licenses in the 220 MHz service should also be familiar with the *220 MHz Third Report and Order*, 62 FR 16004 (April 3, 1997); *220 MHz Memorandum Opinion and Order on Reconsideration*, 63 FR 32580 (June 12, 1998); *220 MHz Fourth Report and Order*, 62 46211 (September 2, 1997); and *220 MHz Fifth Report and Order*, 63 FR 49291 (September 15, 1998).

b. 800 MHz SMR

10. Auction participants bidding on licenses in the 800 MHz SMR service should also be familiar with the *800 MHz First Report and Order; 800 MHz Second Report and Order*; and the *800 MHz Order on Reconsideration.*

c. LMS

11. Auction participants bidding on licenses in the Location and Monitoring Service should also be familiar with the

LMS Second Report and Order, 63 FR 40659 (July 30, 1998); *Memorandum Opinion and Order and Further Notice of Proposed Rule Making*, 62 FR 52036 (October 6, 1997).

d. Phase II 220 MHz, 800 MHz SMR, and LMS

12. The terms contained in the Commission's rules, relevant orders, and public notices are not negotiable. The Commission may amend or supplement the information contained in its public notices at any time, and will issue public notices to convey any new or supplemental information to bidders. It is the responsibility of all prospective bidders to remain current with all Commission rules and with all public notices pertaining to this auction. Copies of most Commission documents, including public notices, can be retrieved from the FCC Auctions Internet site at *http://www.fcc.gov/wtb/auctions*. Additionally, documents are available for public inspection and copying during regular business hours at the FCC Reference Information Center, Portals II, 445 12th Street, SW., Room CY–A257, Washington, DC, 20554 or may be purchased from the Commission's duplicating contractor, Qualex International, Portals II, 445 12th Street, SW., Room CY–B402, Washington, DC 20554, telephone 202–863–2893, facsimile 202–863–2898, or via e-mail *qualexint@aol.com*. When ordering documents from Qualex, please provide the appropriate FCC number (for example, FCC 98–157 for the LMS Second Report and Order).

i. Prohibition of Collusion

13. To ensure the competitiveness of the auction process, the Commission's rules prohibit applicants for the same geographic license area from communicating with each other during the auction about bids, bidding strategies, or settlements. This prohibition begins at the short-form application filing deadline and ends at the down payment deadline after the auction. Bidders competing for licenses in the same geographic license areas are encouraged not to use the same individual as an authorized bidder. A violation of the anti-collusion rule could occur if an individual acts as the authorized bidder for two or more competing applicants, and conveys information concerning the substance of bids or bidding strategies between the bidders he or she is authorized to represent in the auction. A violation could similarly occur if the authorized bidders are different individuals employed by the same organization (*e.g.,* law firm or consulting firm). In such a case, at a minimum, applicants should certify on their applications that precautionary steps have been taken to prevent communication between authorized bidders and that applicants and their bidding agents will comply with the anti-collusion rule.

14. However, the Bureau cautions that merely filing a certifying statement as part of an application will not outweigh specific evidence that collusive behavior has occurred, nor will it preclude the initiation of an investigation when warranted. Furthermore, the rule would apply to an applicant bidding for an EAG and another applicant bidding for an EA within that EAG, regardless of service. In addition, applicants that apply to bid for ''all markets'' would be precluded from communicating with all other applicants until after the down payment deadline. However, applicants may enter into bidding agreements *before* filing their FCC Form 175, as long as they disclose the existence of the agreement(s) in their Form 175. If parties agree in principle on all material terms prior to the short-form filing deadline, those parties must be identified on the short-form application pursuant to § 1.2105(c), even if the agreement has not been reduced to writing. If the parties have not agreed in principle by the filing deadline, an applicant would not include the names of those parties on its application, and may not continue negotiations with other applicants for licenses covering the same geographic areas. By signing their FCC Form 175 short-form applications, applicants are certifying their compliance with § 1.2105(c).

15. In addition, § 1.65 of the Commission's rules requires an applicant to *maintain* the accuracy and completeness of information furnished in its pending application and to notify the Commission within 30 days of any substantial change that may be of decisional significance to that application. Thus, § 1.65 requires an auction applicant to notify the Commission of any violation of the anti-collusion rules upon learning of such violation. Bidders therefore are required to make such notification to the Commission immediately upon discovery.

16. The Commission recently amended § 1.2105 to require auction applicants to report prohibited communications in writing to the Commission immediately, but in no case later than five business days after the communication occurs. This rule takes November 28, 2001.

17. A summary listing of documents from the Commission and the Bureau addressing the application of the anti-collusion rules may be found in Attachment H of the *Auction No. 43 Procedures Public Notice.*

iii. Due Diligence

a. 220 MHz

18. Potential bidders are reminded that there are a number of incumbent Phase I 220 MHz licensees already licensed and operating on frequencies that will be subject to the upcoming auction. Such incumbents must be protected from harmful interference by Phase II 220 MHz licensees in accordance with the Commission's rules. *See* 47 CFR 90.763. These limitations may restrict the ability of such geographic area licensees to use certain portions of the electromagnetic spectrum or provide service to certain areas in their geographic license areas.

19. In addition, potential bidders seeking licenses for geographic areas that are near the Canadian border should be aware that the use of some or all of the channels they acquire in the auction could be restricted by the agreement with Canada on the use of 220–222 MHz spectrum in the border area.

20. Potential bidders should also be aware that certain applications (including those for modification), petitions for rulemaking, requests for special temporary authority (''STA''), waiver requests, petitions to deny, petitions for reconsideration, and applications for review may be pending before the Commission that relate to particular applicants or incumbent non-nationwide 220 MHz licensees. In addition, the decisions reached in the 220 MHz proceeding are the subject of a judicial appeal and may be the subject of additional reconsideration or appeal. *See,* e.g., *PLMRS Narrowband Corp., et al.* v. *Federal Communications Commission*, No. 92–1432, (D.C. Cir., filed September 18, 1992). The Bureau notes that resolution of these matters could have an impact on the availability of spectrum for EA and EAG licensees. In addition, while the Commission will continue to act on pending applications, requests and petitions, some of these matters may not be resolved by the time of the auction.

b. 800 MHz

21. Potential bidders are reminded that there are incumbent licensees operating on frequencies that are subject to the upcoming auction. Incumbent licensees retain the exclusive right to use those channels within their self-defined service areas. The holder of an EA authorization thus will be required

to implement its facilities to protect incumbents from harmful interference. These limitations may restrict the ability of such geographic area licenses to use certain portions of the electromagnetic spectrum or provide service to certain areas in their geographic license areas. Specifically, an EA authorization holder will be required to coordinate with the incumbent licensees by using the interference protection criteria in §§ 90.683 and 90.621(b) of the Commission's rules. However, operational agreements are encouraged between the parties. Should an incumbent lose its license, the incumbent's service area(s) will convey to the relevant authorized holder of the EA. The relevant authorized holder of the EA will then be entitled to operate within the forfeited service area(s) located within its EA, without being subject to further competitive bidding.

22. Potential bidders should be aware that certain applications (including those for modification), petitions for rulemaking, requests for special temporary authority (''STA''), waiver requests, petitions to deny, petitions for reconsideration, and applications for review may be pending before the Commission that relate to particular applicants or incumbent licensees. The Bureau notes that resolution of these matters could have an impact on the availability of spectrum for EA licensees in the 800 MHz SMR general category. While the Commission will continue to act on pending applications, requests and petitions, some of these matters may not be resolved by the time of the auction. Potential bidders are solely responsible for investigating and evaluating the degree to, which such pending matters may affect spectrum availability in areas where they seek EA licenses.

23. In addition, licenses in EAs that border Canada may be subject to the Arrangement Between the Department of Communications of Canada and the Federal Communications Commission of the United States Concerning the Use of 806–890 MHz Band along the Canada-United States Border. Licenses in EAs that border Mexico may be subject to the Agreement Between the Government of the United States of America and the Government of the United Mexican States Concerning the Allocation and Use of Frequency Bands by Terrestrial Non-Broadcasting Radiocommunication Services Along the Common Border.

c. LMS

24. Potential bidders are reminded that LMS operates in the 902–928 MHz frequency band. This band is allocated for primary use by Federal Government radiolocation systems. Next, in order of priority, are Industrial, Scientific and Medical devices. Federal Government fixed and mobile and LMS systems are secondary to these uses. The remaining uses of the 902–928 MHz band include licensed amateur radio operations and unlicensed part 15 equipment, both of which are secondary to all other uses of the band. Part 15 low power devices include, but are not limited to, those used for automatic meter reading, inventory control, package tracking and shipping control, alarm services, local area networks, internet access, and cordless telephones. The amateur radio service is used by technically inclined private citizens to engage in self-training, information exchange, and radio experimentation. In the *LMS Report and Order*, 60 FR 15248 (March 23, 1995), the Commission recognized the important contribution to the public provided by Part 15 technologies and amateur radio operators and sought to develop a band plan that would maximize the ability of these services to coexist with LMS systems.

25. The Commission adopted the *LMS Report and Order* with an eye toward minimizing potential interference within and among the various users of the 902–928 MHz band. The Commission's band plan accordingly permits secondary operations across the entire band by users of unlicensed part 15 devices and amateur licensees. At the same time, the band plan separates non-multilateration from multilateration LMS systems in all but one subband so as to avert interference. The *LMS Report and Order* also established limitations on LMS systems' interconnection with the public switched network and set forth a number of technical requirements intended to ensure successful coexistence of all the services authorized to operate in the band.

26. Potential bidders should also be aware that certain applications (including those for modification), petitions for rulemaking, waiver requests, requests for special temporary authority (''STA''), petitions to deny, petitions for reconsideration, and applications for review may be pending before the Commission that relate to particular applicants or incumbent LMS licensees. While the Commission will continue to act on pending applications, requests and petitions, some of these matters may not be resolved by the time of the auction.

d. 220 MHz, 800 MHz, and LMS

27. Potential bidders are solely responsible for identifying associated risks and for investigating and evaluating the degree to which such matters may affect their ability to bid on, otherwise acquire, or make use of licenses available in Auction No. 43.

28. To aid potential bidders, Attachment B to the *Auction No. 43 Procedures Public Notice* lists 220 MHz, SMR 800 MHz, and LMS matters pending before the Commission that relate to licenses or applications in these services. The Commission makes no representations or guarantees that the listed matters are the only pending matters that could affect spectrum availability in these services.

29. Copies of pleadings from pending cases relating to the 220 MHz, SMR 800 MHz, and LMS matters identified in Attachment B, of the *Auction No. 43 Procedures Public Notice,* are available for public inspection and copying during normal reference room hours at: Office of Public Affairs (OPA), Reference Operations Division, 445 12th Street, SW., Room CY–C314, Washington, DC 20554.

30. In addition, potential bidders may research the Bureau's licensing database on the Internet in order to determine which frequencies are already licensed to incumbent licensees. The Commission makes no representations or guarantees regarding the accuracy or completeness of information in its databases or any third party databases, including, for example, court docketing systems. Furthermore, the Commission makes no representations or guarantees regarding the accuracy or completeness of information that has been provided by incumbent licensees and incorporated into the database. Potential bidders are strongly encouraged to physically inspect any sites located in, or near, the EA or EAG for which they plan to bid.

31. Licensing records for the 220 MHz, SMR 800 MHz, and LMS are contained in the Bureau's Universal Licensing System (ULS) and may be researched on the Internet at *http://www.fcc.gov/wtb/uls* by selecting the ''License Search'' button. Potential bidders may query the database online and download a copy of their search results if desired. The Bureau recommends that potential bidders select the ''Frequency'' option under License Search, specify the desired frequency or frequency range, select Status ''A'' (Active), and use the ''GeoSearch'' button at the bottom of the screen to limit their searches to a particular geographic area. Detailed instructions on using License Search (including frequency searches and the GeoSearch capability) and downloading query results are available online by selecting the ''?'' button at the bottom

right-hand corner of the License Search screen.

32. Potential bidders should direct questions regarding the search capabilities to the FCC Technical Support hotline at (202) 414–1250 (voice) or (202) 414–1255 (TTY), or via e-mail at *ulscomm@fcc.gov.* The hotline is available to assist with questions Monday through Friday, from 7 AM to 10 PM ET, Saturday, 8 AM to 7 PM ET, and Sunday, 12 noon to 6 PM ET. In order to provide better service to the public, *all calls to the hotline are recorded.*

33. Licenses may, in some EAs and EAGs, be required to protect quiet zones. *See* 47 CFR 1.923(g) and 1.924.

iv. Bidder Alerts

34. All applicants must certify on their FCC Form 175 applications under penalty of perjury that they are legally, technically, financially and otherwise qualified to hold a license, and not in default on any payment for Commission licenses (including down payments) or delinquent on any non-tax debt owed to any Federal agency. Prospective bidders are reminded that submission of a false certification to the Commission is a serious matter that may result in severe penalties, including monetary forfeitures, license revocations, exclusion from participation in future auctions, and/or criminal prosecution.

35. The FCC makes no representations or warranties about the use of this spectrum for particular services. Applicants should be aware that an FCC auction represents an opportunity to become an FCC licensee in this service, subject to certain conditions and regulations. An FCC auction does not constitute an endorsement by the FCC of any particular services, technologies or products, nor does an FCC license constitute a guarantee of business success. Applicants and interested parties should perform their own due diligence before proceeding, as they would with any new business venture.

36. As is the case with many business investment opportunities, some unscrupulous entrepreneurs may attempt to use Auction No. 43 to deceive and defraud unsuspecting investors. Common warning signals of fraud include the following:

- The first contact is a ''cold call'' from a telemarketer, or is made in response to an inquiry prompted by a radio or television infomercial.
- The offering materials used to invest in the venture appear to be targeted at IRA funds, for example, by including all documents and papers needed for the transfer of funds maintained in IRA accounts.
- The amount of investment is less than $25,000.
- The sales representative makes verbal representations that: (a) the Internal Revenue Service (''IRS''), Federal Trade Commission (''FTC''), Securities and Exchange Commission (''SEC''), FCC, or other government agency has approved the investment; (b) the investment is not subject to state or federal securities laws; or (c) the investment will yield unrealistically high short-term profits. In addition, the offering materials often include copies of actual FCC releases, or quotes from FCC personnel, giving the appearance of FCC knowledge or approval of the solicitation.

37. Information about deceptive telemarketing investment schemes is available from the FTC at (202) 326–2222 and from the SEC at (202) 942–7040. Complaints about specific deceptive telemarketing investment schemes should be directed to the FTC, the SEC, or the National Fraud Information Center at (800) 876–7060. Consumers who have concerns about specific proposals regarding Auction No. 43 may also call the FCC Consumer Center at (888) CALL-FCC ((888) 225–5322).

v. National Environmental Policy Act (''NEPA'') Requirements

38. Licensees must comply with the Commission's rules regarding the National Environmental Policy Act (NEPA). The construction of a wireless antenna facility is a federal action and the licensee must comply with the Commission's NEPA rules for each such facility. See 47 CFR 1.1305 through 1.1319. The Commission's NEPA rules require, among other things, that the licensee consult with expert agencies having NEPA responsibilities, including the U.S. Fish and Wildlife Service, the State Historic Preservation Office, the Army Corp of Engineers and the Federal Emergency Management Agency (through the local authority with jurisdiction over floodplains). The licensee must prepare environmental assessments for facilities that may have a significant impact in or on wilderness areas, wildlife preserves, threatened or endangered species or designated critical habitats, historical or archaeological sites, Indian religious sites, floodplains, and surface features. The licensee must also prepare environmental assessments for facilities that include high intensity white lights in residential neighborhoods or excessive radio frequency emission.

C. Auction Specifics

i. Auction Date

39. The auction will begin on Thursday, January 10, 2002. The initial schedule for bidding will be announced by public notice at least one week before the start of the auction. Unless otherwise announced, bidding on all licenses will be conducted on each business day until bidding has stopped on all licenses.

40. The Commission announces that bidding for Auction No. 43 will be temporarily suspended January 21, 2002, in observance of the Federal holiday.

ii. Auction Title

41. Auction No. 43—Multi-Radio Service

iii. Bidding Methodology

42. The bidding methodology for Auction No. 43 will be simultaneous multiple round bidding. The Commission will conduct this auction over the Internet. Telephonic bidding will also be available. As a contingency, the FCC Wide Area Network, which requires access to a 900 number telephone service, will be available as well. Qualified bidders are permitted to bid telephonically or electronically.

iv. Pre-Auction Dates and Deadlines

43. These are important dates relating to Auction No. 43:

Auction Seminar—November 7, 2001
Short-Form Application (FCC FORM 175)—November 16, 2001; 6 p.m. ET
Upfront Payments (via wire transfer)—December 7, 2001; 6 p.m. ET
Mock Auction—January 7, 2002
Auction Begins—January 10, 2002

v. Requirements for Participation

44. Those wishing to participate in the auction must:

- Submit a short-form application (FCC Form 175) electronically by 6:00 p.m. ET, November 16, 2001.
- Submit a sufficient upfront payment and an FCC Remittance Advice Form (FCC Form 159) by 6:00 p.m. ET, December 7, 2001.
- Comply with all provisions outlined in this public notice.

vi. General Contact Information

45. The following is a list of general contract information relating to Auction No. 43:

General Auction Information: General Auction Questions, Seminar Registration.
FCC Auctions Hotline, (888) 225–5322, Press Option #2, or direct (717) 338–2888, Hours of service: 8 a.m.–5:30 p.m. ET

Auction Legal Information: Auction Rules, Policies, Regulations.

Auctions and Industry Analysis Division, Legal Branch (202) 418–0660

Licensing Information: Rules, Policies, Regulations, Licensing Issues, Due Diligence, Incumbency Issues.

Commercial Wireless Division, (202) 418–0620

Technical Support: Electronic Filing, Automated Auction System.

FCC Auctions Technical Support Hotline, (202) 414–1250 (Voice), (202) 414–1255 (TTY), Hours of service: Monday through Friday 7 a.m. to 10:00 p.m. ET, Saturday, 8:00 a.m. to 7:00 p.m., Sunday, 12:00 noon to 6:00 p.m.

Payment Information: Wire Transfers, Refunds.

FCC Auctions Accounting Branch, (202) 418–1995, (202) 418–2843 (Fax)

Telephonic Bidding:
Will be furnished only to qualified bidders.

FCC Copy Contractor: Additional Copies of Commission Documents.

Qualex International, Portals II, 445 12th Street, SW., Room CY–B402, Washington, DC 20554, (202) 863–2893, (202) 863–2898 (Fax), *qualexint@aol.com* (E-mail)

Press Information: Meribeth McCarrick (202) 418–0654.

FCC Forms: (800) 418–3676 (outside Washington, DC), (202) 418–3676 (in the Washington Area), *http://www.fcc.gov/formpage.html*

FCC Internet Sites: *http://www.fcc.gov, http://www.fcc.gov/wtb/auctions, http://www.fcc.gov/wtb/uls*

II. Short-Form (FCC Form 175) Application Requirements

46. Guidelines for completion of the short-form (FCC Form 175) are set forth in Attachment E of the *Auction No. 43 Procedures Public Notice*. The short-form application seeks the applicant's name and address, legal classification, status, small or very small business bidding credit eligibility, identification of the license(s) sought, the authorized bidders and contact persons. All applicants must certify on their FCC Form 175 applications under penalty of perjury that they are legally, technically, financially and otherwise qualified to hold a license and, as discussed in section II.E (Provisions Regarding Defaulters and Former Defaulters), that they are not in default on any payment for Commission licenses (including down payments) or delinquent on any non-tax debt owed to any Federal agency.

A. License Selection

47. In Auction No. 43, Form 175 will include a mechanism that allows an applicant to filter the licenses by Service, Market Number, and/or Block to create customized lists of licenses. The applicant will make selections for one or more of the filter criteria and the system will produce a list of licenses satisfying the specified criteria. The applicant may apply for all the licenses in the customized list by using the ''Save all filtered licenses'' option; select and save individual licenses separately from the list; or create a second customized list without selecting any of the licenses from the first list. Applicants also will be able to select licenses from one customized list and then create a second customized list to select additional licenses.

B. Ownership Disclosure Requirements (FCC Form 175 Exhibit A)

48. All applicants must comply with the uniform part 1 ownership disclosure standards and provide information required by §§ 1.2105 and 1.2112 of the Commission's rules. Specifically, in completing FCC Form 175, applicants will be required to file an ''Exhibit A'' providing a full and complete statement of the ownership of the bidding entity. The ownership disclosure standards for the short-form are set forth in § 1.2112 of the Commission's rules.

C. Consortia And Joint Bidding Arrangements (FCC Form 175 Exhibit B)

49. Applicants will be required to identify on their short-form applications any parties with whom they have entered into any consortium arrangements, joint ventures, partnerships or other agreements or understandings which relate in any way to the licenses being auctioned, including any agreements relating to post-auction market structure. Applicants will also be required to certify on their short-form applications that they have not entered into any explicit or implicit agreements, arrangements or understandings of any kind with any parties, other than those identified, regarding the amount of their bids, bidding strategies, or the particular licenses on which they will or will not bid. If an applicant has had discussions, but has not reached a joint bidding agreement by the short-form deadline, it would not include the names of parties to the discussions on its applications and may not continue discussions with applicants for the same geographic license area(s) after the deadline. Where applicants have entered into consortia or joint bidding arrangements, applicants must submit an ''Exhibit B'' to the FCC Form 175.

50. A party holding a non-controlling, attributable interest in one applicant will be permitted to acquire an ownership interest in, form a consortium with, or enter into a joint bidding arrangement with other applicants for licenses in the same geographic license area provided that (i) the attributable interest holder certifies that it has not and will not communicate with any party concerning the bids or bidding strategies of more than one of the applicants in which it holds an attributable interest, or with which it has formed a consortium or entered into a joint bidding arrangement; and (ii) the arrangements do not result in a change in control of any of the applicants. While the anti-collusion rules do not prohibit non-auction related business negotiations among auction applicants, bidders are reminded that certain discussions or exchanges could touch upon impermissible subject matters because they may convey pricing information and bidding strategies.

D. Eligibility

i. Bidding Credit Eligibility (FCC Form 175 Exhibit C)

51. Bidding credits are available to small and very small business, or consortia, thereof, as defined in 47 CFR 90.1021 for Phase II 220 MHz, 47 CFR 90.912 for 800 MHz SMR, and 47 CFR 90.1103 for LMS. A bidding credit represents the amount by which a bidder's winning bids are discounted. The size of the bidding credit depends on the average of the aggregated annual gross revenues for each of the preceding three years of the bidder, its affiliates, its controlling interests, and the affiliates of its controlling interests:

- A bidder with attributed average annual gross revenues of not more than $15 million for the preceding three years receives a 25 percent discount on its winning bids for 220 MHz, 800 MHz SMR, and LMS licenses;
- A bidder with attributed average annual gross revenues of not more than $3 million for the preceding three years receives a 35 percent discount on its winning bids for 220 MHz, 800 MHz SMR, and LMS licenses;

Bidding credits are not cumulative; qualifying applicants receive either the 25 percent or the 35 percent bidding credit, but not both.

ii. Tribal Land Bidding Credit

52. To encourage the growth of wireless services in federally recognized tribal lands the Commission has

implemented a tribal land bidding credit. *See* Part V.C. of the *Auction No. 43 Procedures Public Notice.*

iii. Applicability of Part 1 Attribution Rules

53. *Controlling interest standard.* On August 14, 2000, the Commission released the *Part 1 Fifth Report and Order*, in which the Commission, *inter alia*, adopted a ''controlling interest'' standard for attributing to auction applicants the gross revenues of their investors and affiliates in determining small business eligibility for future auctions. The Commission observed that the rule modifications adopted in the various Part 1 orders would result in discrepancies and/or redundancies between certain of the new Part 1 rules and existing service-specific rules, and the Commission delegated to the Bureau the authority to make conforming edits to the Code of Federal Regulations (CFR) consistent with the rules adopted in the part 1 proceeding. Part 1 rules that superseded inconsistent service-specific rules will control in Auction No. 43. *Accordingly, the ''controlling interest'' standard as set forth in the Part 1 rules will be in effect for Auction No. 43, even if conforming edits to the CFR are not made prior to the auction.*

54. *Control.* The term ''control'' includes both *de facto* and *de jure* control of the applicant. Typically, *ownership of at least 50.1 percent of an entity's voting stock evidences de jure control. De facto* control is determined on a case-by-case basis. The following are some common indicia of *de facto* control:

- The entity constitutes or appoints more than 50 percent of the board of directors or management committee;
- The entity has authority to appoint, promote, demote, and fire senior executives that control the day-to-day activities of the licensee; or
- The entity plays an integral role in management decisions.

55. *Attribution for small and very small business eligibility.* In determining which entities qualify as small or very small businesses, the Commission will consider the gross revenues of the applicant, its affiliates, its controlling interests, and the affiliates of its controlling interests. The Commission does not impose specific equity requirements on controlling interest holders. Once the principals or entities with a controlling interest are determined, only the revenues of those principals or entities, the affiliates of those principals or entities, the applicant and its affiliates, will be counted in determining small business eligibility.

56. A consortium of small or very small businesses is a ''conglomerate organization formed as a joint venture between or among mutually independent business firms,'' each of which *individually* must satisfy the definition of small or very small business in §§ 1.2110(f), 90.912, 90.1021, and 90.1103. Thus, each consortium member must disclose its gross revenues along with those of its affiliates, its controlling interests, and the affiliates of its controlling interests. The Bureau notes that although the gross revenues of the consortium members will not be aggregated for purposes of determining eligibility for small or very small business credits, this information must be provided to ensure that each individual consortium member qualifies for any bidding credit awarded to the consortium.

iv. Supporting Documentation

57. Applicants should note that they will be required to file supporting documentation to their FCC Form 175 short-form applications to establish that they satisfy the eligibility requirements to qualify as small or very small businesses (or consortia of small or very small businesses) for this auction.

58. Applicants should further note that submission of an FCC Form 175 application constitutes a representation by the certifying official that he or she is an authorized representative of the applicant, has read the form's instructions and certifications, and that the contents of the application and its attachments are true and correct. Submission of a false certification to the Commission may result in penalties, including monetary forfeitures, license forfeitures, ineligibility to participate in future auctions, and/or criminal prosecution.

59. *Small or very small business eligibility (Exhibit C).* Entities applying to bid as small or very small businesses (or consortia of small or very small businesses) will be required to disclose on Exhibit C to their FCC Form 175 short-form applications, *separately and in the aggregate,* the gross revenues for the preceding three years of each of the following: (i) the applicant, (ii) its affiliates, (iii) its controlling interests, and (4) the affiliates of its controlling interests. Certification that the average annual gross revenues for the preceding three years do not exceed the applicable limit is not sufficient. A statement of the total gross revenues for the preceding three years is also insufficient. The applicant must provide separately for itself, its affiliates, its controlling interests, and the affiliates of its controlling interests, a schedule of gross revenues for *each* of the preceding three years, as well as a statement of total average gross revenues for the three-year period. If the applicant is applying as a consortium of small or very small businesses, this information must be provided for each consortium member.

E. Provisions Regarding Defaulters and Former Defaulters (FCC Form 175 Exhibit D)

60. Each applicant must certify on its FCC Form 175 application that it is not in default on any Commission licenses and that it is not delinquent on any non-tax debt owed to any Federal agency. In addition, each applicant must attach to its FCC Form 175 application a statement made under penalty of perjury indicating whether or not the applicant, its affiliates, its controlling interests, or the affiliates of its controlling interest have ever been in default on any Commission licenses or have ever been delinquent on any non-tax debt owed to any Federal agency. The applicant must provide such information for itself, for each of its controlling interests and affiliates, and for each affiliate of its controlling interests, as defined by § 1.2110 of the Commission's rules (as amended in the *Part 1 Fifth Report and Order*). Applicants must include this statement as Exhibit D of the FCC Form 175. Prospective bidders are reminded that the statement must be made under penalty of perjury and, further, submission of a false certification to the Commission is a serious matter that may result in severe penalties, including monetary forfeitures, license revocations, exclusion from participation in future auctions, and/or criminal prosecution.

61. ''Former defaulters''—*i.e.,* applicants, including their attributable interest holders, that in the past have defaulted on any Commission licenses or been delinquent on any non-tax debt owed to any Federal agency, but that have since remedied all such defaults and cured all of their outstanding non-tax delinquencies—are eligible to bid in Auction No. 43, provided that they are otherwise qualified. However, as discussed *infra* in section III.D.3, former defaulters are required to pay upfront payments that are fifty percent more than the normal upfront payment amounts.

F. Installment Payments

61. Installment payment plans will not be available in Auction No. 43.

G. Other Information (FCC Form 175 Exhibits E and F)

62. Applicants owned by minorities or women, as defined in 47 CFR 1.2110(c)(2), may attach an exhibit (Exhibit E) regarding this status. This applicant status information is collected for statistical purposes only and assists the Commission in monitoring the participation of ''designated entities'' in its auctions. Applicants wishing to submit additional information may do so on Exhibit F (Miscellaneous Information) to the FCC Form 175.

H. Minor Modifications to Short-Form Applications (FCC Form 175)

63. After the short-form filing deadline (November 16, 2001), applicants may make only minor changes to their FCC Form 175 applications. Applicants will not be permitted to make major modifications to their applications (*e.g.,* change their license selections or proposed service areas, change the certifying official or change control of the applicant or change bidding credits). *See* 47 CFR 1.2105. Permissible minor changes include, for example, deletion and addition of authorized bidders (to a maximum of three) and revision of exhibits. Applicants should make these changes on-line, and submit a letter to Margaret Wiener, Chief, Auctions and Industry Analysis Division, Wireless Telecommunications Bureau, Federal Communications Commission, 445 12th Street, SW., Suite 4–A760, Washington, DC 20554, briefly summarizing the changes. Questions about other changes should be directed to Howard Davenport of the Auctions and Industry Analysis Division at (202) 418–0660.

I. Maintaining Current Information in Short-Form Applications (FCC Form 175)

64. Applicants have an obligation under 47 CFR 1.65, to maintain the completeness and accuracy of information in their short-form applications. Amendments reporting substantial changes of possible decisional significance in information contained in FCC Form 175 applications, as defined by 47 CFR 1.2105(b)(2), will not be accepted and may in some instances result in the dismissal of the FCC Form 175 application.

III. Pre-Auction Procedures

A. Auction Seminar

65. On Wednesday, November 7, 2001, the FCC will sponsor a free seminar for Auction No. 43 at the Federal Communications Commission, located at 445 12th Street, SW., Room 8–B516, Washington, DC. The seminar will provide attendees with information about pre-auction procedures, conduct of the auction, the FCC Automated Auction System, and the Multi-Radio Service (Phase II 220 MHz, 800 MHz SMR, and LMS) spectrum and auction rules. The seminar will also provide an opportunity for prospective bidders to ask questions of FCC staff.

66. To register, complete Attachment C of the *Auctions No. 43 Procedures Public Notice* and submit it by Monday, November 5, 2001. Registrations are accepted on a first-come, first-served basis.

B. Short-Form Application (FCC Form 175)—Due November 16, 2001

67. In order to be eligible to bid in this auction, applicants must first submit an FCC Form 175 application. This application must be submitted electronically and received at the Commission no later than 6 p.m. ET on November 16, 2001. Late applications will not be accepted.

68. There is no application fee required when filing an FCC Form 175. However, to be eligible to bid, an applicant must submit an upfront payment. *See* Part III.D.

i. Electronic Filing

69. Applicants must file their FCC Form 175 applications electronically. Applications may generally be filed at any time beginning at noon ET on November 7, 2001, until 6 p.m. ET on November 16, 2001. Applicants are strongly encouraged to file early and are responsible for allowing adequate time for filing their applications. Applicants may update or amend their electronic applications multiple times until the filing deadline on November 16, 2001.

70. Applicants must press the ''SUBMIT Application'' button on the ''Submission'' page of the electronic form to successfully submit their FCC Form 175s. Any form that is not submitted will not be reviewed by the FCC. Information about accessing the FCC Form 175 is included in Attachment D of the *Auctions No. 43 Procedures Public Notice.* Technical support is available at (202) 414–1250 (voice) or (202) 414–1255 (text telephone (TTY)); the hours of service Monday through Friday, from 7 AM to 10 PM ET, Saturday, 8 AM to 7 PM ET, and Sunday, 12 noon to 6 PM ET. In order to provide better service to the public, *all calls to the hotline are recorded.*

71. Applicants can also contact Technical Support via e-mail. To obtain the address, click the Support tab on the Form 175 Homepage.

ii. Completion of the FCC Form 175

72. Applicants should carefully review 47 CFR 1.2105, and must complete all items on the FCC Form 175. Instructions for completing the FCC Form 175 are in Attachment E of the *Auction No. 43 Procedures Public Notice.* Applicants are encouraged to begin preparing the required attachments for FCC Form 175 prior to submitting the form. Attachments D and E to the *Auction No. 43 Procedures Public Notice* provide information on the required attachments and appropriate formats.

iii. Electronic Review of FCC Form 175

73. The FCC Form 175 electronic review system may be used to locate and print applicants' FCC Form 175 information. Applicants may also view other applicants' completed FCC Form 175s after the filing deadline has passed and the FCC has issued a public notice explaining the status of the applications. For this reason, it is important that applicants do not include their Taxpayer Identification Numbers (TINs) on any exhibits to their FCC Form 175 applications. There is no fee for accessing this system. *See* Attachment D of the *Auction No. 43 Procedures Public Notice* for details on accessing the review system.

C. Application Processing and Minor Corrections

74. After the deadline for filing the FCC Form 175 applications has passed, the FCC will process all timely submitted applications to determine which are acceptable for filing, and subsequently will issue a public notice identifying: (i) Those applications accepted for filing; (ii) those applications rejected; and (iii) those applications which have minor defects that may be corrected, and the deadline for filing such corrected applications.

75. As described more fully in the Commission's rules, after the November 16, 2001, short-form filing deadline, applicants may make only minor corrections to their FCC Form 175 applications. Applicants will not be permitted to make major modifications to their applications (*e.g.,* change their license selections, change the certifying official, change control of the applicant, or change bidding credit eligibility).

D. Upfront Payments—Due December 7, 2001

76. In order to be eligible to bid in the auction, applicants must submit an upfront payment accompanied by an

FCC Remittance Advice Form (FCC Form 159). After completing the FCC Form 175, filers will have access to an electronic version of the FCC Form 159 that can be printed and faxed to Mellon Bank in Pittsburgh, PA. All upfront payments must be received at Mellon Bank by 6:00 p.m. ET on December 7, 2001. Please note that:

- All payments must be made in U.S. dollars.
- All payments must be made by wire transfer.
- Upfront payments for Auction No. 43 go to a lockbox number different from the lockboxes used in previous FCC auctions, and different from the lockbox number to be used for post-auction payments.
- Failure to deliver the upfront payment by the December 7, 2001, deadline will result in dismissal of the application and disqualification from participation in the auction.

i. Making Auction Payments by Wire Transfer

77. Wire transfer payments must be received by 6:00 p.m. ET on December 7, 2001. To avoid untimely payments, applicants should discuss arrangements (including bank closing schedules) with their banker several days before they plan to make the wire transfer, and allow sufficient time for the transfer to be initiated and completed before the deadline. Applicants will need the following information:

ABA Routing Number: 043000261
Receiving Bank: Mellon Pittsburgh
BNF: FCC/Account # 910–1182
OBI Field: (Skip one space between each information item)
''AUCTIONPAY''
TAXPAYER IDENTIFICATION NO.: (same as FCC Form 159, block 12)
PAYMENT TYPE CODE (same as FCC Form 159, block 24A: A43U)
FCC CODE 1 (same as FCC Form 159, block 28A: ''43'')
PAYER NAME (same as FCC Form 159, block 2)
LOCKBOX NO. # 358415

Note: The BNF and Lockbox number are specific to the upfront payments for this auction; do not use BNF or Lockbox numbers from previous auctions.

78. Applicants must fax a completed FCC Form 159 (Revised 2/00) to Mellon Bank at (412) 209–6045 at least one hour before placing the order for the wire transfer (but on the same business day). On the cover sheet of the fax, write ''Wire Transfer—Auction Payment for Auction Event No. 43.'' Bidders should confirm receipt of their upfront payment at Mellon Bank by contacting their sending financial institution.

ii. FCC Form 159

79. A completed FCC Remittance Advice Form (FCC Form 159, Revised 2/00) must be faxed to Mellon Bank in order to accompany each upfront payment. Proper completion of FCC Form 159 (Revised 2/00) is critical to ensuring correct credit of upfront payments. Detailed instructions for completion of FCC Form 159 are included in Attachment F of the *Auction No. 43 Procedures Public Notice.* An electronic version of the FCC Form 159 is available after filing the FCC Form 175. The FCC Form 159 can be completed electronically, but must be filed with Mellon Bank via facsimile.

iii. Amount of Upfront Payment

80. In the *Part 1 Order, Memorandum Opinion and Order, and Notice of Proposed Rule Making,* 62 FR 13540 (March 21, 1997), the Commission delegated to the Bureau the authority and discretion to determine appropriate upfront payment(s) for each auction. In addition, in the *Part 1 Fifth Report and Order,* the Commission ordered that ''former defaulters,'' i.e., applicants that have ever been in default on any Commission license or have ever been delinquent on any non-tax debt owed to any Federal agency, be required to pay upfront payments fifty percent greater than non-''former defaulters.''

81. In the *Auction No. 43 Comment Public Notice,* the Bureau proposed translating bidders' upfront payments to bidding units to define a bidder's maximum eligibility. In order to bid on a license, otherwise qualified bidders who applied for that license on Form 175 must have an eligibility level that meets or exceeds the number of bidding units assigned to that license. At a minimum, therefore, an applicant's total upfront payment must be enough to establish eligibility to bid on at least one of the licenses applied for on Form 175, or else the applicant will not be eligible to participate in the auction. An applicant does not have to make an upfront payment to cover all licenses for which the applicant has applied on Form 175, but rather to cover the maximum number of bidding units that are associated with licenses on which the bidder wishes to place bids and hold high bids at any given time.

82. In the *Auction No. 43 Comment Public Notice,* the Bureau proposed upfront payments on a license-by-license basis using the following formula:

- 220 MHz
  EAG Licenses: $0.01 * 0.15 MHz * License Area Population
  EA Licenses: $500 per license
- 800 MHz
  $0.005 * License Area Population with a minimum of $2,500 per license.
- LMS
  Block A: $0.0004 * MHz * License Area Population with a minimum of $500 per license.
  Block B: $0.0005 * MHz * License Area Population with a minimum of $500 per license.
  Block C: $0.0005 * MHz * License Area Population with a minimum of $500 per license.

83. Having received no comments regarding the value of the proposed upfront payments, the Bureau therefore adopts its proposed upfront payment amounts for Auction No. 43.

84. The specific upfront payments and bidding units for each license are set forth in Attachment A of the *Auction No. 43 Procedures Public Notice.*

85. In calculating its upfront payment amount, an applicant should determine the *maximum* number of bidding units it may wish to bid on in any single round, and submit an upfront payment covering that number of bidding units. In order to make this calculation, an applicant should add together the upfront payments for all licenses on which it seeks to bid in any given round. Bidders should check their calculations carefully, as there is no provision for increasing a bidder's maximum eligibility after the upfront payment deadline.

EXAMPLE: 800 MHZ SMR UPFRONT PAYMENTS AND BIDDING FLEXIBILITY

Market No.	Block	Market name	Population	Bidding units	Upfront payment
BEA009	D	State College, PA	798,826	4,000	$4,000

EXAMPLE: 800 MHz SMR UPFRONT PAYMENTS AND BIDDING FLEXIBILITY—Continued

Market No.	Block	Market name	Population	Bidding units	Upfront payment
BEA011	DD	Harrisburg–Lebanon–Carlisle, PA	1,026,459	5,100	5,100

If a bidder wishes to bid on both licenses in a round, it must have selected both on its FCC Form 175 and purchased at least 9,100 bidding units (4,000 + 5,100). If a bidder only wishes to bid on one, but not both, purchasing 5,100 bidding units would meet the requirement for either license. The bidder would be able to bid on either license, *but not both at the same time.* If the bidder purchased only 4,000 bidding units, it would have enough eligibility for the State College, PA license but not for the Harrisburg-Lebanon-Carlisle, PA license.

86. Former defaulters should calculate their upfront payment for all licenses by multiplying the number of bidding units they wish to purchase by 1.5. In order to calculate the number of bidding units to assign to former defaulters, the Commission will divide the upfront payment received by 1.5 and round the result up to the nearest bidding unit.

Note: An applicant may, on its FCC Form 175, apply for every applicable license being offered, but its actual bidding in any round will be limited by the bidding units reflected in its upfront payment.

iv. Applicant's Wire Transfer Information for Purposes of Refunds of Upfront Payments

87. The Commission will use wire transfers for all Auction No. 43 refunds. To ensure that refunds of upfront payments are processed in an expeditious manner, the Commission is requesting that all pertinent information as listed be supplied to the FCC. Applicants can provide the information electronically during the initial short-form filing window after the form has been submitted. Wire Transfer Instructions can also be manually faxed to the FCC, Financial Operations Center, Auctions Accounting Group, ATTN: Tim Dates or Gail Glasser, at (202) 418–2843 by December 7, 2001. All refunds will be returned to the payer of record as identified on the FCC Form 159 unless the payer submits written authorization instructing otherwise. For additional information, please call (202) 418–1995.

Name of Bank, ABA Number, Contact and Phone Number, Account Number to Credit, Name of Account Holder, Taxpayer Identification Number, Correspondent Bank (if applicable), ABA Number, Account Number.

(Applicants should also note that implementation of the Debt Collection Improvement Act of 1996 requires the FCC to obtain a Taxpayer Identification Number (TIN) before it can disburse refunds.) Eligibility for refunds is discussed in Part V.E.

E. Auction Registration

88. Approximately ten days before the auction, the FCC will issue a public notice announcing all qualified bidders for the auction. Qualified bidders are those applicants whose FCC Form 175 applications have been accepted for filing and have timely submitted upfront payments sufficient to make them eligible to bid on at least one of the licenses for which they applied.

89. All qualified bidders are automatically registered for the auction. Registration materials will be distributed prior to the auction by two separate overnight mailings, one containing the confidential bidder identification number (BIN) required to place bids and the other containing the SecurID cards. These mailings will be sent only to the contact person at the contact address listed in the FCC Form 175.

90. Applicants that do not receive both registration mailings will not be able to submit bids. Therefore, any qualified applicant that has not received both mailings by noon on Thursday, January 3, 2002, should contact the Auctions Hotline at (717) 338–2888. Receipt of both registration mailings is critical to participating in the auction and each applicant is responsible for ensuring it has received all of the registration material.

91. Qualified bidders should note that lost bidder identification numbers or SecurID cards can be replaced only by appearing *in person* at the FCC Auction Headquarters located at 445 12th St., SW., Washington, DC 20554. Only an authorized representative or certifying official, as designated on an applicant's FCC Form 175, may appear in person with two forms of identification (one of which must be a photo identification) in order to receive replacements. Qualified bidders requiring replacements must call technical support prior to arriving at the FCC.

F. Electronic Bidding

92. The Commission will conduct this auction over the Internet. Telephonic bidding will also be available. As a contingency, the FCC Wide Area Network, which requires access to a 900 number telephone service, will be available as well. Qualified bidders are permitted to bid telephonically or electronically, *i.e.,* over the Internet or the FCC's Wide Area Network. In either case, each authorized bidder must have its own Remote Security Access SecurID card, which the FCC will provide at no charge. Each applicant with less than three authorized bidders will be issued two SecurID cards, while applicants with three authorized bidders will be issued three cards. For security purposes, the SecurID cards and the instructions for using them are only mailed to the contact person at the contact address listed on the FCC Form 175. Please note that each SecurID card is tailored to a specific auction, therefore, SecurID cards issued for other auctions or obtained from a source other than the FCC will not work for Auction No. 43. The telephonic bidding phone number will be supplied in the first Federal Express mailing of the confidential bidder identification number. Your bidding preference—electronic or telephonic—is specified on the FCC Form 175.

93. Please note that the SecurID cards can be recycled, and the Bureau encourages bidders to return the cards to the FCC. The Bureau will provide pre-addressed envelopes that bidders may use to return the cards once the auction is over.

G. Mock Auction

94. All qualified bidders will be eligible to participate in a mock auction on Monday, January 7, 2002. The mock auction will enable applicants to become familiar with the electronic system prior to the auction. Participation by all bidders is strongly recommended. Details will be announced by public notice.

II. Auction Event

95. The first round of bidding for Auction No. 43 will begin on Thursday, January 10, 2002. The initial bidding schedule will be announced in a public notice listing the qualified bidders, which is released approximately 10 days before the start of the auction.

A. Auction Structure

ii. Simultaneous Multiple Round Auction

96. In the *Auction No. 43 Comment Public Notice*, the Bureau proposed to award all licenses in Auction No. 43 in a single, simultaneous multiple round auction. The Bureau received no comments on this issue. Therefore, the Bureau concludes that it is operationally feasible and appropriate to auction the 220 MHz, 800 MHz, and LMS licenses through a single, simultaneous multiple round auction. Unless otherwise announced, bids will be accepted on all licenses in each round of the auction. This approach allows bidders to take advantage of any synergies that exist among licenses and is administratively efficient.

ii. Maximum Eligibility and Activity Rules

97. In the *Auction No. 43 Comment Public Notice*, the Bureau proposed that the amount of the upfront payment submitted by a bidder would determine the initial maximum eligibility (as measured in bidding units) for each bidder. The Bureau received no comments on this issue.

98. For Auction No. 43, the Bureau adopts this proposal. The amount of the upfront payment submitted by a bidder determines the initial maximum eligibility (in bidding units) for each bidder. Note again that upfront payments are not attributed to specific licenses, but instead will be translated into bidding units to define a bidder's initial maximum eligibility (*see* ''Amount of Upfront Payment'' in Part III.D.iii). The total upfront payment defines the maximum number of bidding units on which the applicant will be permitted to bid and hold high bids. As there is no provision for increasing a bidder's maximum eligibility during the course of an auction (as described under ''Auction Stages'' in Part IV.A.iii), prospective bidders are cautioned to calculate their upfront payments carefully. The total upfront payment does not affect the total dollars a bidder may bid on any given license.

99. In order to ensure that the auction closes within a reasonable period of time, an activity rule requires bidders to bid actively throughout the auction, rather than wait until the end before participating. Bidders are required to be active on a specific percentage of their current eligibility during each round of the auction.

100. A bidder's activity level in a round is the sum of the bidding units associated with licenses on which the bidder is active. A bidder is considered active on a license in the current round if it is either the high bidder at the end of the previous bidding round and does not withdraw the high bid in the current round, or if it submits an acceptable bid in the current round (*see* ''Bid Increments and Minimum Accepted Bids'' in Part IV.B.(iii)). The minimum required activity level is expressed as a percentage of the bidder's maximum bidding eligibility, and increases by stage as the auction progresses. Because these procedures have proven successful in maintaining the pace of previous auctions (as set forth under ''Auction Stages'' in Part IV.A.iii and ''Stage Transitions'' in Part IV.A.iv), the Bureau adopts them for Auction No. 43.

iii. Auction Stages

101. In the *Auction No. 43 Comment Public Notice*, the Bureau proposed to conduct the auction in two stages and employ an activity rule. The Bureau further proposed that, in each round of Stage One, a bidder desiring to maintain its current eligibility would be required to be active on licenses encompassing at least 80 percent of its current bidding eligibility. In each round of Stage Two, a bidder desiring to maintain its current eligibility would be required to be active on at least 98 percent of its current bidding eligibility. The Bureau received no comments on this proposal.

102. The Bureau adopts its proposed activity rules. The activity levels for each stage of the auction are provided. The FCC reserves the discretion to further alter the activity percentages before and/or during the auction.

Stage One: During the first stage of the auction, a bidder desiring to maintain its current eligibility will be required to be active on licenses that represent at least 80 percent of its current bidding eligibility in each bidding round. Failure to maintain the required activity level will result in a reduction in the bidder's bidding eligibility in the next round of bidding (unless an activity rule waiver is used). During Stage One, reduced eligibility for the next round will be calculated by multiplying the bidder's current activity (the sum of bidding units of the bidder's standing high bids and valid bids during the current round) by five-fourths (5/4).

Stage Two: During the second stage of the auction, a bidder desiring to maintain its current eligibility is required to be active on 98 percent of its current bidding eligibility. Failure to maintain the required activity level will result in a reduction in the bidder's bidding eligibility in the next round of bidding (unless an activity rule waiver is used). In this final stage, reduced eligibility for the next round will be calculated by multiplying the bidder's current activity (the sum of bidding units of the bidder's standing high bids and valid bids during the current round) by fifty-fortyninths (50/49).

Caution: Since activity requirements increase in each auction stage, bidders must carefully check their current activity during the bidding period of the first round following a stage transition. This is especially critical for bidders that have standing high bids and do not plan to submit new bids. In past auctions, some bidders have inadvertently lost bidding eligibility or used an activity rule waiver because they did not re-verify their activity status at stage transitions. Bidders may check their activity against the required minimum activity level by using the bidding system's bidding module.

103. Because the foregoing procedures have proven successful in maintaining proper pace in previous auctions, the Bureau adopts them for Auction No. 43.

iv. Stage Transitions

104. In the *Auction No. 43 Comment Public Notice*, the Bureau proposed that the auction would generally advance to the next stage (*i.e.*, from Stage One to Stage Two) when the auction activity level, as measured by the percentage of bidding units receiving new high bids, is below 20 percent for three consecutive rounds of bidding in each Stage. The Bureau further proposed that the Bureau would retain the discretion to change stages unilaterally by announcement during the auction. This determination, the Bureau proposed, would be based on a variety of measures of bidder activity, including, but not limited to, the auction activity level, the percentages of licenses (as measured in bidding units) on which there are new bids, the number of new bids, and the percentage increase in revenue. The Bureau received no comments on this subject.

105. The Bureau adopts its proposal. Thus, the auction will start in Stage One and it will advance to the next stage (*i.e.*, from Stage One to Stage Two) when, in each of three consecutive rounds of bidding, the high bid has increased on 20 percent or less of the licenses being auctioned (as measured in bidding units). In addition, the Bureau will retain the discretion to regulate the pace of the auction by announcement. This determination will be based on a variety of measures of bidder activity, including, but not limited to, the auction activity level, the percentages of licenses (as measured in bidding units) on which there are new bids, the number of new bids, and the percentage increase in revenue. The

Bureau believes that these stage transition rules, having proven successful in prior auctions, are appropriate for use in Auction No. 43.

v. Activity Rule Waivers and Reducing Eligibility

106. In the *Auction No. 43 Comment Public Notice*, the Bureau proposed that each bidder in the auction would be provided three activity rule waivers. Bidders may use an activity rule waiver in any round during the course of the auction. The Bureau received no comments on this issue.

107. Based upon the Bureau's experience in previous auctions, it adopts its proposal that each bidder be provided three activity rule waivers that may be used in any round during the course of the auction. Use of an activity rule waiver preserves the bidder's current bidding eligibility despite the bidder's activity in the current round being below the required minimum level. An activity rule waiver applies to an entire round of bidding and not to a particular license. The Bureau is satisfied that its practice of providing three waivers over the course of the auction provides a sufficient number of waivers and maximum flexibility to the bidders, while safeguarding the integrity of the auction.

108. The FCC Automated Auction System assumes that bidders with insufficient activity would prefer to use an activity rule waiver (if available) rather than lose bidding eligibility. Therefore, the system will automatically apply a waiver (known as an ''automatic waiver'') at the end of any round where a bidder's activity level is below the minimum required unless: (i) there are no activity rule waivers available; or (ii) the bidder overrides the automatic application of a waiver by reducing eligibility, thereby meeting the minimum requirements.

109. A bidder with insufficient activity that wants to reduce its bidding eligibility rather than use an activity rule waiver must affirmatively override the automatic waiver mechanism during the round by using the reduce eligibility function in the bidding system. In this case, the bidder's eligibility is permanently reduced to bring the bidder into compliance with the activity rules as described in ''Auction Stages'' (*see* Part IV.A.iii discussion). Once eligibility has been reduced, a bidder will not be permitted to regain its lost bidding eligibility.

110. Finally, a bidder may proactively use an activity rule waiver as a means to keep the auction open without placing a bid. If a bidder submits a proactive waiver (using the proactive waiver function in the bidding system) during a round in which no bids are submitted, the auction will remain open and the bidder's eligibility will be preserved. However, an automatic waiver triggered during a round in which there are no new valid bids or withdrawals will not keep the auction open.

vi. Auction Stopping Rules

111. For Auction No. 43, the Bureau proposed to employ a simultaneous stopping rule. Under this rule, bidding will remain open on all licenses until bidding stops on every license. The auction will close for all licenses when one round passes during which no bidder submits a new acceptable bid on any license, applies a proactive waiver, or withdraws a previous high bid. After the first such round, bidding closes simultaneously on all licenses.

112. The Bureau also proposed retaining discretion to implement a modified version of the simultaneous stopping rule. The modified version will close the auction for all licenses after the first round in which no bidder submits a proactive waiver, a withdrawal, or a new bid on any license on which it is not the standing high bidder. Thus, absent any other bidding activity, a bidder placing a new bid on a license for which it is the standing high bidder will not keep the auction open under this modified stopping rule.

113. The Bureau further proposed retaining the discretion to keep the auction open even if no new acceptable bids or proactive waivers are submitted and no previous high bids are withdrawn in a round. In this event, the effect will be the same as if a bidder had submitted a proactive waiver. Thus, the activity rule will apply as usual, and a bidder with insufficient activity will either lose bidding eligibility or use an activity rule waiver (if it has any left).

114. In addition, the Bureau proposed that it reserve the right to declare that the auction will end after a designated number of additional rounds (''special stopping rule''). If the Bureau invokes this special stopping rule, it will accept bids in the final round(s) only for licenses on which the high bid increased in at least one of the preceding specified number of rounds. The Bureau proposed to exercise this option only in circumstances such as where the auction is proceeding very slowly, where there is minimal overall bidding activity or where it appears likely that the auction will not close within a reasonable period of time. Before exercising this option, the Bureau is likely to attempt to increase the pace of the auction by, for example, moving the auction into the next stage (where bidders will be required to maintain a higher level of bidding activity), increasing the number of bidding rounds per day, and/or adjusting the amount of the minimum bid increments for the licenses.

115. The Bureau received no comments on the subject therefore it adopts all of the proposals concerning the auction stopping rules. Auction No. 43 will begin under the simultaneous stopping rule and the Bureau will retain the discretion to invoke the other versions of the stopping rule. The Bureau believes that these stopping rules are most appropriate for Auction No. 43, because its experience in prior auctions demonstrates that the auction stopping rules balance the interests of administrative efficiency and maximum bidder participation.

vii. Auction Delay, Suspension, or Cancellation

116. In the *Auction No. 43 Comment Public Notice*, the Bureau proposed that, by public notice or by announcement during the auction, the Bureau may delay, suspend, or cancel the auction in the event of natural disaster, technical obstacle, evidence of an auction security breach, unlawful bidding activity, administrative or weather necessity, or for any other reason that affects the fair conduct of competitive bidding.

117. Because this approach has proven effective in resolving exigent circumstances in previous auctions, the Bureau adopts its proposed auction cancellation rules. By public notice or by announcement during the auction, the Bureau may delay, suspend, or cancel the auction in the event of natural disaster, technical obstacle, evidence of an auction security breach, unlawful bidding activity, administrative or weather necessity, or for any other reason that affects the fair and competitive conduct of competitive bidding. In such cases, the Bureau, in its sole discretion, may elect to resume the auction starting from the beginning of the current round, resume the auction starting from some previous round, or cancel the auction in its entirety. Network interruption may cause the Bureau to delay or suspend the auction. The Bureau emphasizes that exercise of this authority is solely within the discretion of the Bureau, and its use is not intended to be a substitute for situations in which bidders may wish to apply their activity rule waivers.

B. Bidding Procedures

i. Round Structure

118. The initial bidding schedule will be announced in the public notice listing the qualified bidders, which is released approximately 10 days before the start of the auction. This public notice will be included in the registration mailings. The round structure for each bidding round contains a single bidding round followed by the release of the round results. Multiple bidding rounds may be conducted in a given day. Details regarding round results formats and locations will also be included in the public notice referenced.

119. The FCC has discretion to change the bidding schedule in order to foster an auction pace that reasonably balances speed with the bidders' need to study round results and adjust their bidding strategies. The FCC may increase or decrease the amount of time for the bidding rounds and review periods, or the number of rounds per day, depending upon the bidding activity level and other factors.

ii. Reserve Price or Minimum Opening Bid

120. *Background.* The Balanced Budget Act calls upon the Commission to prescribe methods by which a reasonable reserve price will be required or a minimum opening bid established when FCC licenses are subject to auction (*i.e.*, because they are mutually exclusive), unless the Commission determines that a reserve price or minimum opening bid is not in the public interest. Consistent with this mandate, the Commission directed the Bureau to seek comment on the use of a minimum opening bid and/or reserve price prior to the start of each auction. Among other factors, the Bureau must consider the amount of spectrum being auctioned, levels of incumbency, the availability of technology to provide service, the size of the geographic service areas, the extent of interference with other spectrum bands, and any other relevant factors that could have an impact on the spectrum being auctioned. The Commission concluded that the Bureau should have the discretion to employ either or both of these mechanisms for future auctions.

121. In the *Auction No. 43 Comment Public Notice*, the Bureau proposed to establish minimum opening bids for Auction No. 43 and to retain discretion to lower the minimum opening bids. Specifically, for Auction No. 43, the Bureau proposed the following license-by-license formula for calculating minimum opening bids:

- 220 MHz
  EAG Licenses: $0.0125 * 0.15 MHz * License Area Population.
  EA Licenses: $500 per license.
- 800 MHz
  $0.005 * License Area Population with a minimum of $2,500 per license.
- LMS
  Block A: $0.0004 * MHz * License Area Population with a minimum of $500 per license.
  Block B: $0.0005 * MHz * License Area Population with a minimum of $500 per license.
  Block C: $0.0005 * MHz * License Area Population with a minimum of $500 per license.

122. In the alternative, the Bureau sought comment on whether, consistent with the Balanced Budget Act, the public interest would be served by having no minimum opening bid or reserve price. Having received no comments regarding the value of the proposed minimum opening bids, the Bureau therefore adopts its proposed minimum opening bids amounts for Auction No. 43.

123. The specific minimum opening bids for each license are set forth in Attachment A of the *Auction No. 43 Procedures Public Notice.*

124. The minimum opening bids that the Bureau adopts are reducible at its discretion. The Bureau emphasizes, however, that such discretion will be exercised, if at all, sparingly and early in the auction, *i.e.,* before bidders lose all waivers and begin to lose substantial eligibility. During the course of the auction, the Bureau will not entertain any requests to reduce the minimum opening bid on specific licenses.

iii. Bid Increments and Minimum Accepted Bids

125. In the *Auction No. 43 Comment Public Notice,* the Bureau proposed to use a smoothing methodology to calculate minimum acceptable bids. The Bureau further proposed to retain the discretion to change the minimum acceptable bids and bid increments if circumstances so dictate. The Bureau received no comment on this issue.

126. The Bureau adopts its proposal for a smoothing formula. The smoothing methodology is designed to vary the increment for a given license between a maximum and minimum value based on the bidding activity on that license. This methodology allows the increments to be tailored to the activity level of a license, decreasing the time it takes for active licenses to reach their final value. The formula used to calculate this increment is included as Attachment G of the *Auction No. 43 Procedures Public Notice.*

127. The Bureau adopts its proposal of initially setting the weighing factor at 0.5, the minimum percentage increment at 0.1 (10 percent), and the maximum at 0.2 (20 percent). The Bureau retains the discretion to change the minimum acceptable bids and bid increments if it determines that circumstance so dictate. The Bureau will do so by announcement in the Automated Auction System. Under its discretion, the Bureau may also implement an absolute dollar floor for the bid increment to further facilitate a timely close of the auction. The Bureau may also use its discretion to adjust the minimum bid increment without prior notice if circumstances warrant. The Bureau also retains the discretion to use alternate methodologies, such as a flat percentage increment for all licenses, for Auction No. 43 if circumstances warrant.

iv. High Bids

128. At the end of each round, the Automated Auction System determines the standing high bid for each license based on the gross dollar amounts of the bids received for each license.

129. In the case of tied high bids, an implementation of the Lecuyer pseudo-random generator will be used to determine the standing high bid. A random number will be assigned to each bid. The tie bid having the highest random number will become the standing high bid.

v. Bidding

130. During a bidding round, a bidder may submit bids for as many licenses as it wishes (subject to its eligibility), withdraw high bids from previous bidding rounds, remove bids placed in the same bidding round, or permanently reduce eligibility. Bidders also have the option of making multiple submissions and withdrawals in each bidding round. If a bidder submits multiple bids for a single license in the same round, the system takes the last bid entered as that bidder's bid for the round.

131. Please note that all bidding will take place remotely either through the Automated Auction System or by telephonic bidding. (Telephonic bid assistants are required to use a script when entering bids placed by telephone. Telephonic bidders are therefore reminded to allow sufficient time to bid by placing their calls well in advance of the close of a round. Normally, four to five minutes are necessary to complete a bid submission.) There will be no on-site bidding during Auction No. 43.

132. A bidder's ability to bid on specific licenses in the first round of the

auction is determined by two factors: (i) the licenses applied for on FCC Form 175 and (ii) the upfront payment amount deposited. The bid submission screens will allow bidders to submit bids on only those licenses for which the bidder applied on its FCC Form 175.

133. The FCC Automated Auction System requires each bidder to be logged in during the bidding round using the bidder identification number provided in the registration materials, and the generated SecurID code. Bidders are strongly encouraged to print bid confirmations *after* they submit their bids.

134. In each round, eligible bidders will be able to place bids on a given license in any of nine different amounts. For each license, the Automated Auction System interface will list the nine acceptable bid amounts in a drop-down box. Bidders may use the drop-down box to select from among the nine acceptable bid amounts. The Automated Auction System also includes an import function that allows bidders to upload text files containing their bid information.

135. Once there is a standing high bid on a license, the Automated Auction System will calculate a minimum acceptable bid for that license for the following round. The difference between the minimum acceptable bid and the standing high bid for each license will define the *bid increment.* The nine acceptable bid amounts for each license consist of the minimum acceptable bid (the standing high bid plus one bid increment) and additional amounts calculated using multiple bid increments (*i.e.,* the second bid amount equals the standing high bid plus two times the bid increment, the third bid amount equals the standing high bid plus three times the bid increment, etc.).

136. Until a bid has been placed on a license, the minimum acceptable bid for that license will be equal to its minimum opening bid. The additional bid amounts for licenses that have not yet received a bid are calculated using the difference between the minimum opening bid times one plus the minimum percentage increment, rounded, and the minimum opening bid. Therefore, when the minimum percentage increment equals 0.1, the first additional bid amount will be approximately ten percent higher than the minimum opening bid; the second, twenty percent; the third, thirty percent; etc.

137. In the case of a license for which the standing high bid has been withdrawn, the minimum acceptable bid will equal the second highest bid received for the license. The additional bid amounts are calculated using the difference between the second highest bid times one plus the minimum percentage increment, rounded, and the second highest bid.

138. *See* Attachment G of the *Auction No. 43 Procedures Public Notice* for more detail on the calculation of the various bid amounts.

139. Finally, bidders are cautioned in selecting their bid amounts because, as explained in the following section, bidders who withdraw a standing high bid from a previous round, even if mistakenly or erroneously made, are subject to bid withdrawal payments.

vi. Bid Removal and Bid Withdrawal

140. In the Auction No. 43 Comment Public Notice, the Bureau proposed bid removal and bid withdrawal rules. With respect to bid withdrawals, the Bureau proposed limiting each bidder to withdrawals in no more than two rounds during the course of the auction. The two rounds in which withdrawals are utilized, the Bureau proposed, would be at the bidder's discretion. The Bureau received no comments on this issue.

141. Procedures. Before the close of a bidding round, a bidder has the option of removing any bids placed in that round. By using the ''remove bid'' function in the bidding system, a bidder may effectively ''unsubmit'' any bid placed within that round. A bidder removing a bid placed in the same round is not subject to withdrawal payments. Removing a bid will affect a bidder's activity for the round in which it is removed, *i.e.,* a bid that is subsequently removed does not count toward the bidder's activity requirement. This procedure, about which the Bureau received no comments, will enhance bidder flexibility during the auction. Therefore, the Bureau adopts these procedures for Auction No. 43.

142. Once a round closes, a bidder may no longer remove a bid. However, in later rounds, a bidder may withdraw standing high bids from previous rounds using the ''withdraw bid'' function (assuming that the bidder has not exhausted its withdrawal allowance). A high bidder that withdraws its standing high bid from a previous round during the auction is subject to the bid withdrawal payments specified in 47 CFR 1.2104(g).

143. In previous auctions, the Bureau has detected bidder conduct that, arguably, may have constituted strategic bidding through the use of bid withdrawals. While the Bureau continues to recognize the important role that bid withdrawals play in an auction, *i.e.,* reducing risk associated with efforts to secure various licenses in combination, it conclude that, for Auction No. 43, adoption of a limit on their use to two rounds is the most appropriate outcome. By doing so the Bureau believes it strikes a reasonable compromise that will allow bidders to use withdrawals. The Bureau's decision on this issue is based upon its experience in prior auctions, particularly the PCS D, E and F block auctions, and 800 MHz SMR auction, and is in no way a reflection of its view regarding the likelihood of any speculation or ''gaming'' in this auction.

144. The Bureau will therefore limit the number of rounds in which bidders may place withdrawals to two rounds. These rounds will be at the bidder's discretion and there will be no limit on the number of bids that may be withdrawn in either of these rounds. Withdrawals during the auction will still be subject to the bid withdrawal payments specified in 47 CFR 1.2104(g). Bidders should note that abuse of the Commission's bid withdrawal procedures could result in the denial of the ability to bid on a market. If a high bid is withdrawn, the minimum accepted bid in the next round will be the prior round's second highest bid price, which may be less than, or equal to, in the case of tie bids, the amount of the withdrawn bid. The additional bid amounts are calculated using the difference between the second highest bid times one plus the minimum percentage increment, rounded, and the second highest bid. The Commission will serve as a ''place holder'' on the license until a new acceptable bid is submitted on that license.

145. Calculation. Generally, the Commission imposes payments on bidders that withdraw high bids during the course of an auction. If a bidder withdraws its bid and there is no higher bid in the same or subsequent auction(s), the bidder that withdrew its bid is responsible for the difference between its withdrawn bid and the net high bid in the same or subsequent auction(s). In the case of multiple bid withdrawals on a single license, within the same or subsequent auction(s), the payment for each bid withdrawal will be calculated based on the sequence of bid withdrawals and the amounts withdrawn. No withdrawal payment will be assessed for a withdrawn bid if either the subsequent winning bid or any of the intervening subsequent withdrawn bids, in either the same or subsequent auction(s), equals or exceeds that withdrawn bid. Thus, a bidder that withdraws a bid will not be responsible for any withdrawal payments if there is

a subsequent higher bid in the same or subsequent auction(s). This policy allows bidders most efficiently to allocate their resources as well as to evaluate their bidding strategies and business plans during an auction while, at the same time, maintaining the integrity of the auction process. The Bureau retains the discretion to scrutinize multiple bid withdrawals on a single license for evidence of anti-competitive strategic behavior and take appropriate action when deemed necessary.

146. In the *Part 1 Fifth Report and Order,* the Commission modified § 1.2104(g)(1) of the rules regarding assessments of interim bid withdrawal payments. As amended, § 1.2104(g)(1) provides that in instances in which bids have been withdrawn on a license that is not won in the same auction, the Commission will assess an interim withdrawal payment equal to 3 percent of the amount of the withdrawn bids. The 3 percent interim payment will be applied toward any final bid withdrawal payment that will be assessed after subsequent auction of the license. Assessing an interim bid withdrawal payment ensures that the Commission receives a minimal withdrawal payment pending assessment of any final withdrawal payment. The *Part 1 Fifth Report and Order* provides specific examples showing application of the bid withdrawal payment rule.

vii. Round Results

147. Bids placed during a round will not be published until the conclusion of that bidding period. After a round closes, the Bureau will compile reports of all bids placed, bids withdrawn, current high bids, new minimum accepted bids, and bidder eligibility status (bidding eligibility and activity rule waivers), and post the reports for public access. Reports reflecting bidders' identities and bidder identification numbers for Auction No. 43 will be available before and during the auction. Thus, bidders will know in advance of this auction the identities of the bidders against which they are bidding.

viii. Auction Announcements

148. The FCC will use auction announcements to announce items such as schedule changes and stage transitions. All FCC auction announcements will be available by clicking a link on the FCC Automated Auction System.

ix. Maintaining the Accuracy of FCC Form 175 Information

149. As noted in Part II.H., after the short-form filing deadline, applicants may make only minor changes to their FCC Form 175 applications. For example, permissible minor changes include deletion and addition of authorized bidders (to a maximum of three) and certain revision of exhibits. Filers must make these changes on-line, and submit a letter summarizing the changes to: Margaret Wiener, Chief, Auctions and Industry Analysis Division, Wireless Telecommunications Bureau, Federal Communications Commission, 445 12th Street, SW., Room 4–A760, Washington, DC 20554.

150. A separate copy of the letter should be mailed to Howard Davenport, Auctions and Industry Analysis Division, Wireless Telecommunications Bureau, Federal Communications Commission, 445 12th Street, SW., Room 4–A435, Washington, DC 20554. Questions about other changes should be directed to Howard Davenport at (202) 418–0660.

I. Post-Auction Procedures

A. Down Payments and Withdrawn Bid Payments

151. After bidding has ended, the Commission will issue a public notice declaring the auction closed, identifying winning bidders, down payments and any withdrawn bid payments due.

152. Within ten business days after release of the auction closing notice, each winning bidder must submit sufficient funds (in addition to its upfront payment) to bring its total amount of money on deposit with the Government to 20 percent of its net winning bids (actual bids less any applicable small and very small business bidding credits). *See* 47 CFR 1.2107(b). In addition, by the same deadline all bidders must pay any bid withdrawal payments due under 47 CFR 1.2104(g), as discussed in ''Bid Removal and Bid Withdrawal,'' Part IV.B.vi. (Upfront payments are applied first to satisfy any withdrawn bid liability, before being applied toward down payments.)

B. Long-Form Application

153. Within ten business days after release of the auction closing notice, winning bidders must electronically submit a properly completed long-form application (FCC Form 601) and required exhibits for each license won through Auction No. 43. Winning bidders that are small or very small businesses must include an exhibit demonstrating their eligibility for small and very small business bidding credits. *See* 47 CFR 1.2112(b). Further filing instructions will be provided to auction winners at the close of the auction.

C. Tribal Land Bidding Credit

154. A winning bidder that intends to use its license(s) to deploy facilities and provide services to federally-recognized tribal lands that are unserved by any telecommunications carrier or that have a telephone service penetration rate equal to or below 70 percent is eligible to receive a tribal land bidding credit as set forth in 47 CFR 1.2107 and 1.2110(f). A tribal land bidding credit is in addition to, and separate from, any other bidding credit for which a winning bidder may qualify.

155. Unlike other bidding credits that are requested prior to the auction, a winning bidder applies for the tribal land bidding credit *after* winning the auction when it files its long-form application (FCC Form 601). When filing the long-form application, the winning bidder will be required to advise the Commission whether it intends to seek a tribal land bidding credit, for each market won in the auction, by checking the designated box(es). After stating its intent to seek a tribal land bidding credit, the applicant will have 90 days from the close of the long-form filing window to amend its application to select the specific tribal lands to be served and provide the required tribal government certifications. Licensees receiving a tribal land bidding credit are subject to performance criteria as set forth in 47 CFR 1.2110(f).

156. For additional information on the tribal land bidding credit, including how the amount of the credit is calculated, applicants should review the Commission's rule making proceeding regarding tribal land bidding credits and related public notices. Relevant documents can be viewed on the Commission's web site by going to *http://www.fcc.gov/wtb/auctions* and clicking on *Tribal Land Credits.*

D. Default and Disqualification

157. Any high bidder that defaults or is disqualified after the close of the auction (*i.e.,* fails to remit the required down payment within the prescribed period of time, fails to submit a timely long-form application, fails to make full payment, or is otherwise disqualified) will be subject to the payments described in 47 CFR 1.2104(g)(2). In such event the Commission may re-auction the license or offer it to the next highest bidder (in descending order) at their final bid. *See* 47 CFR 1.2109(b) and (c). In addition, if a default or

disqualification involves gross misconduct, misrepresentation, or bad faith by an applicant, the Commission may declare the applicant and its principals ineligible to bid in future auctions, and may take any other action that it deems necessary, including institution of proceedings to revoke any existing licenses held by the applicant. *See* 47 CFR 1.2109(d).

E. Refund of Remaining Upfront Payment Balance

158. All applicants that submitted upfront payments but were not winning bidders for a license in Auction No. 43 may be entitled to a refund of their remaining upfront payment balance after the conclusion of the auction. No refund will be made unless there are excess funds on deposit from that applicant after any applicable bid withdrawal payments have been paid. All refunds will be returned to the payer of record, as identified on the FCC Form 159, unless the payer submits written authorization instructing otherwise.

159. Qualified bidders that have exhausted all of their activity rule waivers, have no remaining bidding eligibility, and have not withdrawn a high bid during the auction must submit a written refund request. If you have completed the refund instructions electronically, then only a written request for the refund is necessary. If not, the request must also include wire transfer instructions and a Taxpayer Identification Number (TIN). Send refund request to: Federal Communications Commission, Financial Operations Center, Auctions Accounting Group, Michelle Bennett, 445 12th Street, SW., Room 1–C864, Washington, DC 20554.

160. Bidders are encouraged to file their refund information electronically using the refund information portion of the FCC Form 175, but bidders can also fax their information to the Auctions Accounting Group at (202) 418–2843. Once the information has been approved, a refund will be sent to the party identified in the refund information.

Note: Refund processing generally takes up to two weeks to complete. Bidders with questions about refunds should contact Tim Dates or Gail Glasser at (202) 418–1995.

Federal Communications Commission.

Margaret Wiener,

Chief, Auctions and Industry Analysis Division, WTB.

[FR Doc. 01–27433 Filed 10–31–01; 8:45 am]

BILLING CODE 6712–01–P

FEDERAL RESERVE SYSTEM

Agency Information Collection Activities: Discontinuance

SUMMARY:

Background

Notice is hereby given of the discontinuance of an information collection by the Board of Governors of the Federal Reserve System (Board) under OMB delegated authority, as per 5 CFR 1320.16 (OMB Regulations on Controlling Paperwork Burdens on the Public).

FOR FURTHER INFORMATION CONTACT: Federal Reserve Board Clearance Officer-Mary M. West-Division of Research and Statistics, Board of Governors of the Federal Reserve System, Washington, DC 20551 (202-452-3829); OMB Desk Officer-Alexander T. Hunt-Office of Information and Regulatory Affairs, Office of Management and Budget, New Executive Office Building, Room 3208, Washington, DC 20503 (202-395-7860).

Discontinuation of the following report:

1. *Report title:* Daily Advance Report of Deposits
Agency form number: FR 2000
OMB Control number: 7100-0087
Effective Date: November 5, 2001
Frequency: Daily
Reporters: Large commercial banks and thrifts
Annual reporting hours: 24,960
Estimated average hours per response: 0.60
Number of respondents: 160
Small businesses are not affected.
General description of report: This information collection is mandatory (12 U.S.C. 248(a), 347(d), 603, 615 and 415) and is given confidential treatment (5 U.S.C. 552(b)(4)).
Abstract: This report collects selected deposit and vault cash data for the most recent reporting week from a sample of large commercial banks and thrifts before such data become available for the universe of all weekly reporters of the Report of Transaction Accounts, Other Deposits and Vault Cash (FR 2900; OMB No. 7100-0087). Although these advance data have been useful for estimating the monetary aggregates, the Federal Reserve feels that the costs to the Federal Reserve System and to depository institutions of collecting these data outweigh the benefits. In addition, under contemporaneous reserve requirements, these data were essential in constructing estimates of aggregate required reserves and vault cash for the reserve maintenance period. Since the Federal Reserve's change back to lagged reserve requirements in August 1998, these data are no longer essential for that purpose. Respondents will submit their final FR 2000 for the reporting week ending November 5, 2001. The Federal Reserve will continue to collect the other reports included in this information collection.

Board of Governors of the Federal Reserve System, October 26, 2001.

Jennifer J. Johnson,

Secretary of the Board.

[FR Doc. 01–27422 Filed 10–31–01; 8:45 am]

BILLING CODE 6210–01–S

FEDERAL RESERVE SYSTEM

Formations of, Acquisitions by, and Mergers of Bank Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The application also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act (12 U.S.C. 1843). Unless otherwise noted, nonbanking activities will be conducted throughout the United States. Additional information on all bank holding companies may be obtained from the National Information Center website at www.ffiec.gov/nic/.

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than November 26, 2001.

A. Federal Reserve Bank of Chicago (Phillip Jackson, Applications Officer) 230 South LaSalle Street, Chicago, Illinois 60690–1414:

1. Premier Holdings, Ltd., Rock Valley, Iowa; to become a bank holding

company by acquiring 100 percent of the voting shares of Premier Bank, Rock Valley, Iowa.

2. The Private Banking Company, Hartland, Wisconsin; to become a bank holding company by acquiring 100 percent of the voting shares of Bank of Waunakee Employee Stock Ownership Plan, Waunakee, Wisconsin, Waunakee Bank Shares, Inc.,Waunakee, Wisconsin, and Bank of Waunakee, Waunakee, Wisconsin.

Board of Governors of the Federal Reserve System, October 26, 2001.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. 01–27409 Filed 10–31–01; 8:45 am]

BILLING CODE 6210–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Agency Information Collection Activities; Proposed Collections; Comment Request

The Department of Health and Human Services, Office of the Secretary will periodically publish summaries of proposed information collections projects and solicit public comments in compliance with the requirements of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995. To request more information on the project or to obtain a copy of the information collection plans and instructions, call the OS Reports Clearance Officer on (202) 690–6207.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Proposed Project 1. Wave 3 Survey of Youth for the Federal Evaluation of Initiatives Funded Under Section 510 of the Maternal and Child Health Block Grant Program—The Personal Responsibility and Work Opportunity Reconciliation Act (Pub. L. 104–193) established section 510 of the Maternal and Child Health Block Grant Program, the purpose of which is to support state efforts promoting abstinence only education. This data collection is needed to fulfill the requirements for a Congressionally authorized evaluation of block grant programs funded under section 510, Title V, of the Social Security Act.—NEW—Respondents: Individuals, state or local governments—Burden Information for Wave 3 Survey—Number of Respondents: 2,871; Average Burden per Response: 0.5 hours; Total Burden: 1,436 hours.

Send comments to Cynthia Agens Bauer, OS Reports Clearance Officer, Room 503H, Humphrey Building, 200 Independence Avenue SW., Washington, DC 20201. Written comments should be received within 60 days of this notice.

Dated: October 25, 2001.

Kerry Williams,

Acting, Deputy Assistant Secretary, Budget.

[FR Doc. 01–27416 Filed 10–31–01; 8:45 am]

BILLING CODE 4154–05–M

DEPARTMENT OF THE INTERIOR

Fish and Wildlife Service

Endangered Species Permit Applications

AGENCY: Fish and Wildlife Service Interior.

ACTION: Notice of receipt of permit applications.

SUMMARY: The following applicants have applied for a scientific research permit to conduct certain activities with endangered species pursuant to section 10(a)(1)(A) of the Endangered Species Act of 1973, as amended (16 U.S.C. 1531 *et seq.*).

Permit No. TE–778195

Applicant: Helix Environmental Planning, Inc., La Mesa, California.

The applicant requests a permit amendment to take (collect, translocate, and retain) the Riverside fairy shrimp (*Streptocephalus wootoni*) in conjunction with habitat restoration activities in Riverside County, California for the purpose of enhancing its survival.

Permit No. TE–048385

Applicant: The Nature Conservancy, Eugene, Oregon.

The applicant requests a permit to take (harass by survey and kill larvae) the Fender's blue butterfly (*Icaricia icarioides fenderi*) in conjunction with surveys, monitoring, and habitat restoration activities, and remove/reduce to possession Kincaid's lupine (*Lupinus sulphureus kincaidii*) in conjunction with propagation and research in Lane County, Oregon, for the purpose of enhancing their survival.

Permit No. TE–044572

Applicant: Chris Pyke, Santa Barbara, California.

The applicant requests a permit to take (collect cysts) the Conservancy fairy shrimp (*Branchinecta conservatio*), longhorn fairy shrimp (*Branchinecta longiantenna*), and the vernal pool tadpole shrimp (*Lepidurus packardi*) in conjunction with ecological research in San Joaquin, Santa Barbara, Ventura, Tulare, Merced, Butte, Yuma, Solano, and Sutter Counties, California for the purpose of enhancing their survival.

Permit No. TE–823990

Applicant: Wildwing, Los Osos, California.

The applicant requests a permit amendment to take (monitor, locate nests) the California brown pelican (*Pelecanus occidentalis*) in conjunction with monitoring activities throughout the species' range for the purpose of enhancing its survival.

Permit No. TE–046262

Applicant: Blake Claypool, Santee, California.

The applicant requests a permit to take (survey by pursuit) the Quino checkerspot butterfly (*Euphydryas editha quino*) throughout its range in California in conjunction with surveys for the purpose of enhancing its survival.

DATES: Written comments on these permit applications must be received on or before December 3, 2001.

ADDRESSES: Written data or comments should be submitted to the Chief, Endangered Species, Ecological Services, Fish and Wildlife Service, 911 NE 11th Avenue, Portland, Oregon 97232–4181; Fax: (503) 231–6243. Please refer to the respective permit number for each application when submitting comments. All comments received, including names and addresses, will become part of the official administrative record and may be made available to the public.

FOR FURTHER INFORMATION CONTACT: Documents and other information submitted with these applications are available for review, subject to the requirements of the Privacy Act and Freedom of Information Act, by any party who submits a written request for a copy of such documents within 20 days of the date of publication of this notice to the address above; telephone: (503) 231–2063. Please refer to the respective permit number for each

application when requesting copies of documents.

Rowan W. Gould,

Acting Regional Director, Region 1, Portland, Oregon.

[FR Doc. 01–27411 Filed 10–31–01; 8:45 am]

BILLING CODE 4310–55–P

DEPARTMENT OF THE INTERIOR

Fish and Wildlife Service

Record of Decision on Sea Lamprey Control Program in Lake Champlain

AGENCY: Fish and Wildlife Service, Department of the Interior.

ACTION: Notice.

SUMMARY: Pursuant to the National Environmental Policy Act (NEPA), the U.S. Fish and Wildlife Service (Service) issues this Record of Decision (ROD) upon consideration of the Final Supplemental Environmental Impact Statement (FSEIS) for the sea lamprey control proposal in Lake Champlain.

The Service has considered alternatives and evaluated their impacts for controlling sea lamprey in Lake Champlain as presented in the FSEIS. We have solicited public and agency comments and considered these comments in the NEPA process and in making our decision. Based on that evaluation and review, the Service has decided to select the Proposed Action alternative for implementation as described in the FSEIS. The determination was based on a thorough analysis of environmental, social, economic, and other considerations.

ADDRESSES: Additional copies of this ROD may be requested from Mr. Dave Tilton, Project Leader, U.S. Fish and Wildlife Service Lake Champlain Office, 11 Lincoln St., Essex Junction, Vermont 05452. Alternatively, copies may be requested electronically at: *dave_tilton@fws.gov*

FOR FURTHER INFORMATION CONTACT: Mr. Dave Tilton, Project Leader, U.S. Fish and Wildlife Service Lake Champlain Office, 11 Lincoln St., Essex Junction, Vermont 05452, 802–872–0629, FAX: 802–872–9704.

Background

The intent of this action is to achieve and maintain the greatest practical reductions in Lake Champlain sea lamprey populations while avoiding and minimizing significant adverse effects to other fish and wildlife and public uses in the Lake Champlain basin. Sea lamprey are primitive marine invaders to Lake Champlain. They are parasitic fish that feed on the body fluids of other fish resulting in reduced growth and often the death of host fish. A substantial body of information collected on Lake Champlain indicates sea lamprey have a profound negative impact upon the lake's fishery resources and have suppressed efforts to establish new and historical sportfisheries. In 1990, the Service, New York State Department of Environmental Conservation (NYSDEC), and Vermont Department of Fish and Wildlife (VTDFW), initiated an 8-year experimental sea lamprey control program for Lake Champlain. The experimental program treated tributaries and deltas of Lake Champlain with the chemical lampricides TFM and Bayluscide, which substantially reduced larval sea lamprey numbers in treated waters. The program included monitoring and assessment of the effects of sea lamprey reduction on the characteristics of certain fish populations, the sport fishery, and the area's growth and economy. A set of 30 evaluation standards was established. Overall, the experimental sea lamprey control program met or exceeded the majority of the standards demonstrating a successful reduction in sea lamprey population. In addition to this evaluation, the cooperating agencies assessed the effects of the program on nontarget organisms.

Two rounds of treatments were planned for each significantly infested stream and delta. From 1990 through 1996, 24 TFM treatments were conducted on 14 Lake Champlain tributaries, and 9 Bayluscide (5 percent granular) treatments were conducted on 5 deltas. A cumulative total of approximately 141 stream miles and 1,220 delta acres were treated. In summary, trap catches of spawning-phase sea lamprey declined by 80 to 90 percent; nest counts were reduced by 57 percent. Sixteen of twenty-two TFM treatments reduced ammocoetes at index stations to less than 10 percent of pre-treatment levels. Eight of the nine Bayluscide treatments resulted in mean mortality rates over 85 percent among caged ammocoetes. Relatively small numbers of nontarget amphibian and fish species were killed. Adverse effects on nontarget species were higher for Bayluscide treatments than TFM. Native mussels, snails, and some other macroinvertebrates were significantly affected after the 1991 Bayluscide treatments of the Ausable and Little Ausable deltas in New York. However, they recovered to pre-treatment levels within 4 years. American brook lamprey also experienced substantial treatment-related mortality. Yet, the finding of American brook lamprey in second-round treatments in each stream where they were negatively affected during the first round, suggested survival or immigration was adequate to maintain their presence in the streams. Wounding rates on lake trout and landlocked Atlantic salmon were reduced in the main lake basin, and catches of both species increased. A significant increase in survival of 3-to 4-year lake trout was noted; survival of older fish improved but did not change significantly. Returns of Atlantic salmon to tributaries increased significantly after treatment. Changes in wounding rates on brown and rainbow trout could not be evaluated, but angler catches increased since 1990. Catch per unit effort of rainbow smelt, the major forage species for salmonids, decreased significantly at one of two sampling stations in the main lake basin and in Malletts Bay, but not at other locations; length-at-age also decreased at most sites. Evaluation of angler responses to the program indicated a favorable 3.5:1 economic benefit:cost ratio.

''A Comprehensive Evaluation of an Eight Year Program of Sea Lamprey Control in Lake Champlain'' provides a detailed description of the results of the project. It is available on the Service web-site at, *www.fws.gov/r5lcfwro/lamprey/lamprey.html.,* or from the contact for further information listed above.

Based on the results of the experimental program, the Lake Champlain Fish and Wildlife Management Cooperative comprised of the Service, the NYSDEC, and the VTDFW concluded that a long-term sea lamprey control program was warranted.

The public participation process on the proposal began in 1999. The Notice of Intent to prepare the Supplemental Environmental Impact Statement (SEIS) was published in the November 16, 1999, **Federal Register**. The Notice of Availability of the Draft Supplemental Environmental Impact Statement (DSEIS) was published on March 15, 2001. The comment period on the DSEIS ended on April 30, 2001. The Notice of Availability of the FSEIS appeared in the September 6, 2001, **Federal Register**. Four scoping meetings and two public meetings on the FSEIS were held, divided equally between Vermont and New York.

The Selected Alternative

The selected alternative is the proposed action as described in the FSEIS. This alternative implements a long-term sea lamprey control program based on the principals of integrated

pest management. The selected alternative will implement a tributary specific approach, in which all viable sea lamprey control techniques will be screened for use in each infested stream system.

This action expands sea lamprey control beyond the experimental program implemented in 1990, to include several untreated streams in New York, Vermont, and Quebec, Canada, in addition to those waters previously treated in the experimental program. Under this approach, many of the infested streams will be treated with lampricides, but total reliance on lampricides will be avoided through the use of barriers and/or traps where feasible. Sea lamprey producing streams currently designated for potential control include: The Great Chazy River including Bullis Brook, the Saranac, Salmon, Little Ausable, and Ausable River including Dry Mill Brook, the Bouquet River, Beaver and Mullen Brook, Putnam Creek, Mt. Hope and Greenland Brook, Lewis Creek, the Laplatte River, the Winooski River including Sunderland Brook, Mallets Creek including Indian Brook, Trout Brook, Stone Bridge Brook, the Missisquoi River, Youngman Brook, and Pike River including Morpion Stream.

Tentatively, this new sea Lamprey control effort is scheduled to begin in the fall of 2001, at Lewis Creek, Vermont. All control efforts will comply with applicable Vermont and New York permit requirements and be conducted in conformance with conditions designated through the permit process.

The selected alternative will defer lampricide treatment of the Poultney and Hubbardton Rivers for 5 years to fully assess potential alternatives to lampricides and the effects of the initiated portion of the sea lamprey control program on wounding rates. If the wounding rate objectives are not attained and feasible alternative control methods are not available, lampricide treatments will be implemented for both tributaries following the 5-year period.

Other Alternatives Considered

Three alternatives including the selected alternative, were considered in the FSEIS.

Alternative 2. This alternative would maintain reduced sea lamprey wounding rates attained during the experimental control program. This alternative and its methodologies would rely on the use of lampricides for maintaining reduced sea lamprey numbers, and restrict the program primarily to those rivers and deltas that were treated in the experimental program. This alternative ignores additional control techniques and locations included in the selected alternative that may offer nonchemical control methods. Under this alternative TFM and Bayluscide treatments would be conducted on sea lamprey infested streams and deltas. Lampricide treatment of each stream or delta would be scheduled according to sea lamprey larval transformation rates, or in most cases every fourth year.

Alternative 3. This alternative would abandon sea lamprey control efforts as a fisheries management tool for Lake Champlain. The most significant impact of this alternative is that it would never achieve the projected harvest, recreational and economic benefits which are possible with effective control of sea lamprey. This alternative would eliminate any adverse impacts associated with the selected alternative including preventing nontarget mortality on aquatic species associated with the use of lampricides.

Mitigation of Impacts

As discussed in the FSEIS, the selected alternative includes a variety of measures to minimize the adverse environmental, social and economic impacts. These measures include use of lampricide treatments and nonchemical control methods such as barriers and trapping. Mitigation measures include, but are not limited to, issuing advisories against water use until the lampricide plume has dissipated (24 hours after the concentration of TFM has decreased below 20 ppb, or after pre-established time intervals allowing for thorough dissipation of Bayluscide have expired), providing commercially bottled drinking water to households that withdraw water for drinking and other household purposes, applying lampricides in waters inhabited by endangered and threatened species at concentrations shown not to impact such species, regular monitoring of lampricide concentrations during applications and prompt adjustment of rates if necessary to minimize nontarget fish mortalities.

Additional mitigation measures will be applied through the permit conditions issued by the NYSDEC, the Vermont Department ofEnvironmental Consevation (VTDEC), the Vermont Agency of Natural Resources (VTANR), the VTDFW , Adirondack Park Agency (APA), Quebec Ministry of Environment and other applicable Canadian regulatory agencies.

Findings and Decisions

Having reviewed and considered the FSEIS for sea lamprey control in Lake Champlain and the public comments thereon, the Service finds as follows:

(1) The requirements of NEPA and implementing the Council on Environmental Quality regulations have been satisfied.

(2) Statutory authority for the Service's funding of and participation in the project exists under the Federal Aid in Sport Fish Restoration Act of August 9, 1950 (64 Stat. 430), as amended (16 U.S.C. 777–777l), the Fish and Wildlife Coordination Act, 16 U.S.C. 661–666 and the Lake Champlain Special Designation Act of 1990, P.L. 101–596.

(3) Consistent with social, economic and environmental considerations from among the reasonable alternatives thereto, the selected alternative is in the best interest for the resource and citizens of the States of New York and Vermont and one that minimizes or avoids adverse effects to the maximum extent practicable.

(4) Consistent with the environmental analysis provided in the FSEIS, adverse environmental effects will be minimized or avoided by incorporating as conditions the mitigation measures identified in the proposed action in the FSEIS and its supporting appendices.

(5) Consistent with the Purpose and Need Statement of the FSEIS, the Service establishes the following as the program objectives for the selective alternative: Achieve and maintain lamprey wounding rates at or below 25 wounds per lake trout, ideally 10 wounds per 100 lake trout; 15 wounds per 100 landlocked salmon, ideally 5 wounds per 100 landlocked salmon, and 2 wounds per 100 walleye, ideally less than 1 wound per 100 walleye. Attain wounding rate objectives within 5 years of full implementation of the selected alterative.

The decision to implement this alternative is subject to the following conditions:

a. All applicable regulatory requirements and approvals will be satisfied or obtained.

b. All applicable State and Provincial permit conditions are hereby adopted as part of this finding and will be met.

c. All studies and other conditions contained in the FSEIS proposed action alternative are adopted by the Service.

d. Conditions of b and c above will be incorporated into the NYSDEC and VTDFW Federal Aid grant agreement for this project.

This Record of Decision will serve as the written facts and conclusions relied on in reaching this decision. This Record of Decision was approved by the Acting Regional Director of the Service on October 9, 2001.

Dated: October 9, 2001.

Richard O. Bennett,

Acting Regional Director, Region 5, U.S. Fish and Wildlife Service.

[FR Doc. 01–27431 Filed 10–31–01; 8:45 am]

BILLING CODE 4310–55–P

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[UTU–79324]

Recreation and Public Purposes, Classification; Utah

AGENCY: Bureau of Land Management, Interior.

ACTION: Notice.

SUMMARY: The following public land in Kane County, Utah has been examined and found suitable for classification for lease under the provisions of the R&PP Act of 1954, as amended (43 U.S.C. 869 *et seq.*):

N½NE, N½N½SENE, N½NESWNE, E½NW,
Section 21 T. 43 S., R. 6 W. SLBM
containing 175 Acres more or less.

Kane County intends to use the land for a public trail and mountain park. The land is not needed for a Federal purpose. Lease or conveyance is consistent with current Bureau of Land Management land use planning and would be in the public interest.

FOR FURTHER INFORMATION CONTACT: Frank Olsen, 318 North 100 East, Kanab, UT 84741.

SUPPLEMENTARY INFORMATION: *Classification:* The following public land in Kane County, Utah has been examined and found suitable for classification for lease under the provisions of the R&PP Act of 1954, as amended (68 Statue 173):

N½NE, N½N½SENE, N½NESWNE, E½NW,
Section 21 T. 43 S., R. 6 W. SLBM.

Kane County intends to use the land for a public trail and mountain park. The land is not needed for a Federal purpose. Lease is consistent with current Bureau of Land Management land use planning and would be in the public interest. The land is hereby segregated from appropriation under any other public land law, including locations under the mining laws.

DATES: On or before December 17, 2001, interested parties may submit comments regarding the proposed classification. In the absence of adverse comments, the classification will become effective December 31, 3001.

Tom Terry,

Acting Field Office Manager.

[FR Doc. 01–27455 Filed 10–31–01; 8:45 am]

BILLING CODE 4310–40–P

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[MT–921–01–1320–EL–P; MTM 91293]

Notice of Invitation to Participate in Coal Exploratioin License Application

AGENCY: Bureau of Land Management, Montana State Office Interior.

ACTION: Notice of Invitation—Coal Exploration License Application MTM 91293.

SUMMARY: Members of the public are hereby invited to participate with Spring Creek Coal Company in a program for the exploration of coal deposits owned by the United States of America in the following-described lands located in Big Horn County, Montana, encompassing 120.00 acres:

T. 8 S., R. 39 W., P. M. M.
Sec. 9: NE¼NW¼
Sec. 27: SW¼NW¼
Sec. 35: NW¼NE¼

SUPPLEMENTARY INFORMATION: Any party electing to participate in this exploration program shall notify, *in writing,* both the State Director, Bureau of Land Management, P.O. Box 36800, Billings, Montana 59107–6800; and Spring Creek Coal Company, P.O. Box 67, Decker, Montana 59025. Such written notice must refer to serial number MTM 91293 and be received no later than 30 calendar days after publication of this Notice in the **Federal Register** or 10 calendar days after the last publication of this Notice in the *Sheridan Press* newspaper, whichever is later. This Notice will be published once a week for two (2) consecutive weeks in the Sheridan Press, Sheridan, Wyoming.

The proposed exploration program is fully described, and will be conducted pursuant to an exploration plan to be approved by the Bureau of Land Management. The exploration plan, as submitted by Spring Creek Coal Company, is available for public inspection at the Bureau of Land Management, 5001 Southgate Drive, Billings, Montana, during regular business hours (9 a.m. to 4 p.m.), Monday through Friday.

FOR FURTHER INFORMATION CONTACT: Robert Giovanini, Mining Engineer, or Connie Schaff, Land Law Examiner, Branch of Solid Minerals (MT–921), Bureau of Land Management, Montana State Office, P.O. Box 36800, Billings, Montana 59107–6800, telephone (406) 896–5084 or (406) 896–5060, respectively.

Dated: October 5, 2001.

Randy D. Heuscher,

Chief, Branch of Solid Minerals.

[FR Doc. 01–27457 Filed 10–31–01; 8:45 am]

BILLING CODE 4310–40–P

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[NM–930–4120–EQ; NMNM 107171]

Invitation To Participate; Exploration for Coal in New Mexico

AGENCY: Bureau of Land Management, Interior.

ACTION: Notice.

SUMMARY: Members of the public are hereby invited to participate with San Juan Coal Company on a pro rata cost sharing basis, in a program for the exploration of coal deposits owned by the United States of America.

SUPPLEMENTARY INFORMATION: The lands are located in San Juan County, New Mexico, and are described as follows:

T. 30 N., R. 14 W., NMPM
Sec. 9: All;
Sec. 10: Lots 1, 2, 3, 4, S½N½, S½;
Sec. 15: All;
Sec. 21: All;
Sec. 22: All;
Sec. 27: All;
Sec. 28: All;
Sec. 33: Lots 1, 2, 3, 4, N½, N½S½;
Sec. 34: Lots 1, 2, 3, 4, 5, 6, 7, 8, N½, N½S½;

Containing 5,802.15 acres, more or less. Interested parties may obtain a complete description of the lands covered in the license application by contacting the San Juan Coal Company, or the Bureau of Land Management, New Mexico State Office, Solid Minerals Adjudication, PO Box 27115, Santa Fe, NM 87502–0115.

Any parties electing to participate in this exploration program shall notify in writing, both the State Director, Bureau of Land Management, New Mexico State Office, PO Box 27115, Santa Fe, NM 87502–0115, and the San Juan Coal Company, PO Box 561, Waterflow, NM 87421. Such written notice must include a justification for wanting to participate and any recommended changes in the exploration plan with specific reasons for such changes. The notice must be received no later than 30-calendar days after the publication of this notice in the **Federal Register**.

This proposed exploration program is for the purpose of determining the quality and quantity of the coal in the area and will be conducted pursuant to an exploration plan to be approved by the Bureau of Land Management. A copy of the exploration plan as submitted by the San Juan Coal Company may be examined at the Bureau of Land Management, New Mexico State Office, 1474 Rodeo Road, Santa Fe, NM 87505, and the Bureau of Land Management, Farmington Field Office, 1235 La Plata Highway, Suite A, Farmington, NM 87401.

Dated: October 10, 2001.

M.J. Chávez,

State Director.

[FR Doc. 01–27423 Filed 10–31–01; 8:45 am]

BILLING CODE 4310–32–P

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[NM–010–1430–EU/1430–HM; NM 101522]

Notice of Availability of a Final Environmental Impact Statement (FEIS) for the Land Exchange With the Pueblo of San Felipe; Albuquerque Field Office, NM

AGENCY: Bureau of Land Management, Interior.

ACTION: Notice.

SUMMARY: The Bureau of Land Management (BLM), Albuquerque Field Office has completed the FEIS for the land exchange with the Pueblo of San Felipe. This FEIS documents the BLM's analysis of three alternative courses of action for exchanging public lands administered by the BLM in Sandoval and Santa Fe Counties, New Mexico for private lands in Taos County, New Mexico. The lands in Taos County lie along the Rio Grande National Wild and Scenic River and within the Orilla Verde Recreation Area, identified as two of the BLM's high-priority acquisition areas.

The goals of this exchange are to enable the BLM to more effectively meet multiple use management objectives; to consolidate BLM-managed lands for more effective and efficient resource protection, enhancement and use; to give San Felipe Pueblo direct control over those lands having traditional, historical and cultural values and uses; and to greatly enhance the privacy often required for the pueblo's uses. When the lands are held in trust by the Bureau of Indian Affairs, these uses would be supported through the tribal government's direct supervision.

The BLM will retain restrictive covenants on the lands being received by the pueblo. The purposes of the restrictive covenants are to conserve important habitat for wildlife and open space, to conserve the diverse vegetative communities and the wildlife inhabiting these communities, and to preserve the lands in their present condition, without interfering with any uses of the property by the San Felipe Pueblo that are consistent with protecting these conservation values.

This FEIS includes changes to the Draft Environmental Impact Statement based on public comments, staff review, and the availability of updated information. Alternative A, the Proposed Action, is the BLM's preferred alternative.

DATES: The document is available for review for 30 days from the date of publication of the Notice of Availability by Environmental Protection Agency (EPA) in the **Federal Register**. To be considered, all comments must be postmarked within this 30-day timeframe.

After reviewing the comments, the BLM will publish a Record of Decision. Interested parties will have 45 days to protest the decision (under 43 CFR 1610.5–2). After this period, the decision can be implemented.

ADDRESSES: Comments should be addressed to: Edwin Singleton, Field Manager, BLM Albuquerque Field Office, 435 Montaño Road NE, Albuquerque, NM 87107–4935. Copies are available for review at this address. The document is also available on the Internet at *www.nm.blm.gov.*

FOR FURTHER INFORMATION, CONTACT: Debby Lucero, Albuquerque Field Office, 435 Montaño Road NE, Albuquerque, New Mexico 87107–4935; phone (505) 761–8787.

SUPPLEMENTARY INFORMATION:

Description of Proposed Action—Alternative A, the Proposed Action, involves an equal-value exchange of approximately 9,460 acres of BLM lands that have high traditional and cultural pueblo values for about 268.7 acres of privately owned, high-value recreation lands. The private lands are located along the Rio Grande National Wild and Scenic River and within the Orilla Verde Recreation Area. They would be incorporated into the Orilla Verde Recreation Area and managed under the principles of multiple use, consistent with the Taos Resource Management Plan (1988), as amended.

Other Alternatives Analyzed—Under Alternative B, an additional 1,447 acres of federal land would be exchanged for an equal value of private lands identified in the BLM's high-priority acquisition areas.

Under Alternative C, the No Action Alternative, the proposed land exchange would not occur. The BLM would not benefit from consolidating the public lands along the Rio Grande National Wild and Scenic River and within the Orilla Verde Recreation Area. The federal land would continue to be managed under the principles of multiple use and sustained yield.

Dated: September 14, 2001.

Steven W. Anderson,

Assistant Field Manager.

[FR Doc. 01–27484 Filed 10–31–01; 8:45 am]

BILLING CODE 4310–AG–P

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[NV–030–01–1610–PD]

Notification of Approved Off Road Vehicle and Area of Critical Environmental Concern Designations, Southern Washoe County Urban Interface Plan Amendment, Nevada

January 9, 2001.

AGENCY: Bureau of Land Management, Carson City Field Office, Nevada.

ACTION: Notification of Approved Off Road Vehicle and Area of Critical Environmental Concern Designation Decisions within the Southern Washoe County Urban interface Plan Amendment, Carson City Field Office, Nevada.

SUMMARY: The Southern Washoe County Urban Interface Plan Amendment amends a portion of the Lahontan Resource Management Plan (RMP). The purpose is to provide for improved management of public lands in the Reno and Sparks metropolitan area. The amendment identifies areas where public lands will be retained in ownership by the people of the United States; areas where public lands are available for acquisition by State or local agencies or the private sector; areas appropriate for acquisition by the BLM; and how public lands will be managed.

The Land Use Master Plans of Reno, Sparks, and Washoe County, and the Washoe County Regional Open Space Plan define and delineate open space in southern Washoe County. Open Space in Washoe County is defined as: *Undeveloped land that encompasses natural, scenic, cultural, and recreational resources important to the local quality-of-life.* A large portion of the land described in the above plans as

being consistent with open space values are public lands managed by the Bureau of Land Management (BLM), Carson City Field Office.

All other uses of public land, not addressed in the plan amendment, will continue to be managed as provided for in the existing Lahontan RMP.

Location: The planning area includes approximately 166,550 acres of public lands administered by the BLM in the urban interface of Southern Washoe County. The planning area is bounded by Bedell Flat to the north, Pyramid Lake Indian Reservation to the northeast, the Pah Rah Mountain Range and Storey County to the east and southeast, the State of California to the west, and Carson City to the south, and includes the communities of Reno and Sparks, Nevada.

Copies of the Southern Washoe County Urban Interface Plan Amendment with maps are available from the following BLM office: BLM-Carson City Field Office, 5665 Morgan Mill Road, Carson City, Nevada 89701.

Public Participation: This RMP Amendment was developed through a joint planning process with Washoe County. Public scoping was initiated with a notice published in the **Federal Register** in July 1998. Notice of public open houses and an invitation for public comment were published in local newspapers and sent to known interested parties, government entities, and the Nevada State Clearinghouse. This was followed by two BLM/Washoe County joint public open houses held at the BLM Nevada State Office and the Washoe County Commissioner's Chambers in Reno in September and October 1998. Representatives from BLM and Washoe County also presented the proposed plan amendment to the following eight Washoe County Citizen Advisory Boards: Spanish Springs, Galena/Steamboat, Sun Valley, North Valleys, Southeast Truckee Meadows, Cold Springs, East Washoe Valley, and Warm Springs. In addition, the proposal was presented to the following: Washoe County Planning Commission, Washoe County Parks Commission, Sparks Citizen Advisory Committee, Reno Southeast Neighborhood Advisory Board, Washoe Storey Conservation District, and the Nevada Division of Minerals.

A Notice of Availability and Public Meeting for the Proposed Southern Washoe County Urban Interface Plan Amendment and Environmental Assessment, Proposed Designation of Three Areas of Critical Environmental Concern, and Proposed Withdrawal of Public Land; Washoe County, Nevada was published in the **Federal Register** on July 24, 2000. This published notice initiated the 60-day comment period and Governors Consistency Review that ended on September 22, 2000. The notice also was published in local newspapers and the proposed plan amendment was sent to 532 interested parties, government entities, and the Nevada State Clearinghouse. A summary of comments from the 86 comment letters received and how these comments are addressed is found in Appendix A of the plan.

A public open house was held at the BLM Nevada State Office in Reno on August 24, 2000, and was attended by 27 individuals. Representatives from BLM and Washoe County presented the proposed plan amendment to the following Washoe County Citizen Advisory Boards: Spanish Springs, Galena/Steamboat, Sun Valley, North Valleys, Southeast Truckee Meadows, Cold Springs, East Washoe Valley, and Warm Springs. Presentations were also made to the following: Sierra Front Northwestern Great Basin Resource Advisory Council, Washoe County Planning Commission, Washoe County Board of Commissioners, Sparks Citizen Advisory Board, Truckee Meadows Regional Planning Agency, joint meeting of Reno, Sparks, and Washoe County Parks and Recreation Commissions, Reno Parks Commission, Red Rock Property Owners Association.

The Washoe Tribe, the Reno-Sparks Indian Colony, and the Pyramid Lake Paiute Tribe were consulted in conformance with the Native American Graves Protection and Repatriation Act, the American Indian Religious Freedom Act, and the Environmental Justice Executive Order No.12898.

Off Road Vehicle Designations: The following areas are designated Closed to All Motorized Vehicle Use:

Fred's Mountain: Approximately 3,100 acres located west of Antelope Valley. The Closed Area includes all public land within:

Mt. Diablo Meridian

T. 22 N., R19 E.,
Sec. 3
Sec. 4
Sec. 9
Sec. 10 W½
Sec. 15 W½
Sec. 16
Sec. 22

Hungry Ridge: Approximately 1,940 acres located east of the Reno-Sparks Indian Colony. The Closed Area includes all public land east of the ridge trail within:

Mt. Diablo Meridian

T. 21 N., R20 E.,
Sec. 2
Sec. 3
Sec. 10

Mt. Diablo Meridian

T. 22 N., R20 E.,
Sec. 23
Sec. 26
Sec. 35

The following areas are designated Open to All Motorized Vehicle Use:

Hungry Valley OHV Area: Located in Hungry Valley, the Open Area includes all public land within:

Mt. Diablo Meridian

T. 23 N., R20 E.,
Sec. 16
Sec. 17
Sec. 18
Sec. 19
Sec. 20
Sec. 21
Sec. 22 W½ NW
Sec. 22 SW¼
Sec. 27 west of Winnemucca Ranch Road
Sec. 28
Sec. 29
Sec. 30
Sec. 31
Sec. 32
Sec. 33
Sec. 34
T. 22 N., R20 E.,
Sec. 3
Sec. 4
Sec. 5
Sec. 6
Sec. 7
Sec. 8
Sec. 9
Sec. 10
Sec. 15
Sec. 16
Sec. 17
Sec. 18
Sec. 19
Sec. 20
Sec. 21
Sec. 22
Sec. 27
Sec. 28
Sec. 29
Sec. 30
Sec. 31
Sec. 32
Sec. 33
Sec. 34
T. 21 N., R20 E.,
Sec. 5
Sec. 6
Sec. 7
Sec. 8
Sec. 17
Sec. 18

Lemmon Valley Motocross Area: Located in Lemmon Valley, the Open Area includes all public land within:

Mt. Diablo Meridian

T. 21 N., R19 E.,
Sec. 8

The following area is designated Limited to Designated Routes of Travel for all motorized vehicles.

Swan Lake Nature Study Area: Located in Lemmon Valley, the Limited to Designated Routes of Travel include all public land within:

Mt. Diablo Meridian

T. 21 N., R19 E.,
Sec. 22
Sec. 28

The off road vehicle designation for the remainder of the public land within the planning area is designated Limited to Existing Routes of Travel as of January 9, 2001.

Areas of Critical Environmental Concern Designations: The following areas are designated as Areas of Critical Environmental Concern (ACEC):

Carson Wandering Skipper ACEC: Located in Warm Springs Valley, including all public land within:

Mt. Diablo Meridian

T. 23 N., R 20 E.,
Sec. 15 W½ SE¼
Sec. 22 SE¼

Pah Rah High Basin (Dry Lakes) Petroglyph District ACEC: Located in Pah Rah Range, includes public lands within:

Mt. Diablo Meridian

T. 20 N., R 21 E.,
Sec. 9
Sec. 10
Sec. 14
Sec. 15
Sec. 16
Sec. 17
Sec. 20
Sec. 21
Sec. 22
Sec. 28
Sec. 29

Virginia Range Williams Combleaf Habitat Area ACEC: Located in Virginia Range, including all public lands within:

Mt. Diablo Meridian

T. 17 N., R 20 E.,
Sec. 15 SW¼ NW¼
Sec. 16 E½
Sec. 16 E½ NW¼
Sec. 16 E½ SW¼

Future acquisitions within the planning area, acquired by exchange, donation, or purchase that fall under BLM jurisdiction, will be managed the same as adjacent BLM lands.

Maps of the Off Road Vehicle Designations and Areas of Critical Environmental Concern are available from the following BLM office: BLM-Carson City Field Office, 5665 Morgan Mill Road, Carson City, Nevada 89701.

FOR FURTHER INFORMATION CONTACT: Terri Knutson, Planning and Environmental Coordinator, BLM-Carson City Field Office, 5665 Morgan Mill Road, Carson City, Nevada 89701. Telephone (775) 885–6000. Persons who use a telecommunications device for the deaf (TDD) may call the Federal Information Relay Service (FIRS) at 1–800–877–8339.

Authority: Authority for these decisions is contained in CFR title 43, chapter II, part 1610, subparts 1610.7–2 and CFR title 43, chapter II, part 8340, subparts CFR 8342 and 8343.

Penalty: Under the Federal Land Policy and Management Act of 1976 (43 U.S.C. 1733(a)), any person failing to comply with the designations provided in the notice, may be subject to imprisonment for not more than 12 months, or a fine in accordance with the applicable provisions of 18 U.S.C. 3571, other penalties in accordance with 43 U.S.C. 1733, or both.

Administrative and Emergency Use: These designations do not apply to emergency or law enforcement personnel, or BLM employees engaged in the performance of their official duties.

Dated: May 4, 2001.

Robert V. Abbey,

State Director, Nevada.

[FR Doc. 01–27454 Filed 10–31–01; 8:45 am]

BILLING CODE 4310–HC–P

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[UT 100–01–1610–DO–083]

Intent To Prepare a Resource Management Plan for Public Lands and Resources in Garfield, Piute, Sanpete, Sevier, and Wayne Counties, UT

AGENCY: Richfield Field Office, Bureau of Land Management, Richfield, Utah.

ACTION: Notice of intent to prepare a Resource Management Plan (RMP) for public lands and resources managed by the Richfield Field Office. This action will require preparation of an Environmental Impact Statement (EIS). These lands are located in Garfield, Piute, Sanpete, Sevier and Wayne counties, Utah.

SUMMARY: This document provides notice that the Bureau of Land Management (BLM) intends to prepare an RMP and associated EIS for the Richfield Field Office. This planning activity encompasses approximately 2.2 million acres of public land in the above named counties and the leaseable mineral estate on portions of the Dixie and Fishlake National Forests. The plan will fulfill the needs and obligations set forth by the National Environmental Policy Act (NEPA), the Federal Land Policy and Management Act (FLPMA), and BLM management policies. The BLM will work closely with interested parties to identify potential management decisions that are best suited to the needs of the public. This collaborative process will take into account local, regional, and national needs and concerns. This notice initiates the public scoping process to identify planning issues and to review preliminary planning criteria.

DATES: The scoping comment period will commence with the publication of this notice. Formal scoping will end 60 days after publication of this notice. Comments on issues and planning criteria will be most useful if received on or before the end of the scoping period at the address listed below.

Public Participation: Public meetings will be held throughout the plan scoping and preparation period. In order to ensure local community participation and input, public meetings will be held, at a minimum, in the towns of Junction, Loa, Manti, and Richfield, Utah. Early participation by all interested parties is encouraged and will help determine the future management of the Richfield Field Office public lands. At least 15 days public notice will be given for activities where the public is invited to attend. The minutes and list of attendees for each meeting will be available to the public and open for 30 days to any participant who wishes to clarify the views they expressed. Written comments will be accepted throughout the planning process at the address shown below. Meetings and comment deadlines will be announced through the local news media, newsletters and the BLM Web site (*www.ut.blm.gov*). In addition to the ongoing public participation process, formal opportunities for public participation will be provided through comment on the alternatives and upon publication of the draft RMP/EIS.

ADDRESSES: Written comments should be sent to RMP Comments, Bureau of Land Management, Richfield Field Office, 150 East 900 North, Richfield, Utah 84701; Fax 435–896–1550. Documents pertinent to this proposal may be examined at the BLM's Richfield Field Office. Comments, including names and street addresses of respondents, will be available for public review at the Richfield Field Office during regular business hours, 8 a.m. to 4:30 p.m., Monday through Friday,

except holidays, and may be published as part of the EIS. Individual respondents may request confidentiality. If you wish to withhold your name or address from public review or from disclosure under the Freedom of Information Act, you must state this prominently at the beginning of your written comment. Such requests will be honored to the extent allowed by law. All submissions from organizations and businesses, and from individuals identifying themselves as representatives or officials of organizations or businesses, will be available for public inspection in their entirety.

FOR FURTHER INFORMATION CONTACT: For further information and/or to have your name added to our mailing list, contact Frank Erickson, Assistant Field Manager for Planning, BLM Richfield Field Office, 150 East 900 North, Richfield, UT 84701, phone: 435–896–1532, e-mail: *frank_erickson@ut.blm.gov.*

SUPPLEMENTARY INFORMATION: Preliminary issues and management concerns have been identified by BLM personnel, other agencies, and in meetings with individuals and user groups. They represent the BLM's knowledge to date of the existing issues and concerns with current management. The major issue themes that will be addressed in the plan effort are management and protection of public land resources; access to and transportation on the public lands; off-highway vehicle management; wilderness study area recommendations; and balancing multiple uses. Other specific issues may include; cultural resource management, fire management, forestry and woodland harvest management, lands and realty management, rangeland health and management, wild horse and burro management, potential establishment of wilderness study areas, areas of critical environmental concern, wild and scenic rivers, and special status species management.

After gathering public comments on what issues the plan should address, the suggested issues will be placed in one of three categories:

1. Issues to be resolved in the plan;
2. Issues resolved through policy or administrative action; or
3. Issues beyond the scope of this plan.

Rationale will be provided in the plan for each issue placed in category two or three. In addition to these major issues, a number of management questions and concerns will be addressed in the plan. The public is encouraged to help identify these questions and concerns during the scoping phase. An interdisciplinary approach will be used to develop the plan in order to consider the variety of resource issues and concerns identified. Specialists with expertise in the following disciplines will be involved in the planning process: Rangeland management, minerals and geology, outdoor recreation, archaeology, paleontology, wildlife and fisheries, lands and realty, hydrology, soils, sociology, and economics. Additional expertise will be included as appropriate.

Background Information

Public lands managed by the Richfield Field Office are situated in south-central Utah in the canyons, plateaus and deserts of the Great Basin and Colorado Plateau physiographic provinces. The field office borders the Colorado River, Glen Canyon National Recreation Area, Capitol Reef National Park, and portions of the Dixie, Fishlake, Manti-LaSal, and Uinta National Forests. Major waterways include the Sevier, San Pitch, Fremont, Muddy, and Dirty Devil rivers and the Piute, Otter Creek, and Sevier Bridge (Yuba) reservoirs. Elevations in the area range from 3,800 feet in the Cane Spring Desert to over 11,500 feet atop Mt. Ellen in the Henry Mountains.

The Richfield Field Office is presently managed under five existing land use plans:

- Mountain Valley Management Framework Plan (MFP), approved in 1982
- Henry Mountain MFP, approved in 1982
- Parker Mountain MFP, approved in 1982
- Cedar-Beaver-Garfield-Antimony (CBGA) RMP, approved in 1984
- San Rafael RMP, Approved in 1991

The existing plans are out-of-date with respect to current resource conditions, public values, laws, regulations and policies.

As part of the land use planning process, the FLPMA mandates that the BLM give priority to the designation and protection of Areas of Critical Environmental Concern (ACEC) in developing and revising land use plans. As part of the Richfield Field Office RMP planning effort, the BLM will determine what areas, if any, should be designated as ACECs. As such, BLM is requesting nominations for areas that the public may see as being appropriately managed as ACECs.

Additional public nominations are also being sought for those rivers which may be eligible for inclusion into the National Wild and Scenic River System. In order to be considered, the body of water must be free flowing and contain at least one outstandingly remarkable value. The river can be any size and must be existing or flowing in a natural condition without major modification. All nominations should be accompanied by detailed maps, descriptions of the river segment, and river related values. Rivers will also be tentatively classified as wild, scenic or recreational. An interdisciplinary team in coordination with planning partners will make preliminary determinations as to eligibility and classification of river segments. These preliminary determinations will be made available for public review prior to issuance of the Draft RMP/Draft EIS.

Preliminary Planning Criteria have been identified to help guide the planning effort. The Richfield Field Office Resource Management Plan and the process used for developing it will: (1) Recognize valid existing rights; (2) comply with laws, regulations, executive orders and BLM supplemental program guidance; (3) include management direction for public lands, including split estate lands managed by BLM; (4) determine the desired future condition of public lands using, where possible, a collaborative and multi-jurisdictional approach; (5) ensure, within applicable laws and policies, that management prescriptions and planning actions complement those of neighboring Federal, tribal, state, county and municipal planning jurisdictions; (6) focus management prescriptions on the harmonious and coordinated management of the various resources without permanent impairment of the productivity of the land and the quality of the environment, giving consideration to the relative values of the resources and not necessarily the combination of uses that provide the greatest economic return or greatest unit output; (7) address the social and economic impacts of the alternatives; (8) utilize current scientific information, research, new technologies and the results of inventory, monitoring and coordination to determine appropriate local and regional management strategies to enhance or restore impaired ecosystems; (9) apply comprehensive Land Health Standards to all activities and uses; (10) develop and portray baseline Reasonable Foreseeable Management/Development (RFD) scenarios based on historical, existing, and projected development levels for appropriate programs; (11) coordinate with Indian Tribes to identify sites, areas and objects important to their culture and religious heritage; (12) evaluate paleontological and cultural

resources for use allocations, if appropriate, including provisions for interpretation, preservation, conservation and enhancement; (13) comply with the Endangered Species Act and follow interagency agreements with the USFWS regarding consultation; (14) develop vegetation management objectives for all areas; (15) develop management actions that are responsive to the issues, concerns and opportunities identified for resolution in this plan; and (16) develop direction for managing off-highway vehicles consistent with BLM's national OHV strategy.

This notice announces the beginning of the formal public involvement period. The Richfield Field Office is seeking public involvement at the earliest possible stages of this planning endeavor to enhance collaboration. If you have information, or concerns you would like to share, including ideas or opportunities that could enhance data collection, resource inventories, formulation of issues or alternatives, or development of planning criteria, please submit them to the above address.

Alternatives will be developed and analyzed to resolve those issues identified during the scoping process and a Draft RMP/Draft EIS will be published and made available for public review.

Dated: September 6, 2001.

Robert A. Bennett,

Acting State Director.

[FR Doc. 01–27424 Filed 10–31–01; 8:45 am]

BILLING CODE 4310–32–P

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[UT–031–1430–ET; UTU 44415]

Notice of Proposed Withdrawal Extension and Opportunity for Public Meeting; Utah

AGENCY: Bureau of Land Management, Interior.

ACTION: Notice.

SUMMARY: The Bureau of Land Management, has filed an application to extend Public Land Order No. 6132 for a 20-year period. This order withdrew public land from location or entry under the mining laws to protect the Escalante Administrative Site.

DATES: Comments and requests for a public meeting must be received by January 30, 2002.

ADDRESSES: Comments and meeting requests should be sent to the Monument Manager, Grand Staircase-Escalante National Monument, 180 West 300 North, Kanab, Utah 84741.

FOR FURTHER INFORMATION CONTACT: Darrell Olsen, Realty Specialist, Escalante Field Station, P.O. Box 225, Escalante, Utah, 84726, 435–826–5611.

SUPPLEMENTARY INFORMATION: The Bureau of Land Management proposes to extend Public Land Order No. 6132 for an additional 20-year period. Public Land Order No. 6132, which expires on February 16, 2002, withdrew 40 acres from location or entry under the mining laws to protect the Bureau of Land Management's Escalante Administrative Site.

All persons who wish to submit comments, suggestions, or objections in connection with the proposed withdrawal extension may present their views in writing, by the date specified above, to the Monument Manager, Grand Staircase-Escalante National Monument, Kanab, Utah.

Notice is hereby given that an opportunity for a public meeting is afforded in connection with the proposed withdrawal extension. All interested persons who desire a public meeting for the purpose of being heard on the proposed withdrawal extension must submit a written request, by the date specified above, to the Monument Manager, Grand Staircase-Escalante National Monument, Kanab, Utah. Upon determination by the authorized officer that a public meeting will be held, a notice of the time and place will be published in the **Federal Register** and a newspaper at least 30 days before the scheduled date of the meeting.

The application will be processed in accordance with the regulations set forth in 43 CFR 2300.

Roger Zortman,

Deputy State Director, Division of Lands and Minerals.

[FR Doc. 01–27458 Filed 10–31–01; 8:45 am]

BILLING CODE 4310–40–P

INTERNATIONAL TRADE COMMISSION

[Investigation No. 731–TA–919 (Final)]

Certain Welded Large Diameter Line Pipe From Japan

Determination

On the basis of the record [1] developed in the subject investigation, the United States International Trade Commission determines, pursuant to section 735(b) of the Tariff Act of 1930 (19 U.S.C. 1673d(b)) (the Act), that an industry in the United States is materially injured by reason of imports from Japan of certain welded large diameter line pipe, provided for in subheadings 7305.11.10, 7305.11.50, 7305.12.10, 7305.12.50, 7305.19.10, and 7305.19.50 of the Harmonized Tariff Schedule of the United States, that have been found by the Department of Commerce to be sold in the United States at less than fair value (LTFV).

Background

The Commission instituted this investigation effective January 10, 2001, following receipt of a petition filed with the Commission and Commerce by Berg Steel Pipe Corp. (Panama City, FL); American Steel Pipe Division of American Cast Iron Pipe Co. (Birmingham, AL); and Stupp Corp. (Baton Rouge, LA). The final phase of the investigation was scheduled by the Commission following notification of a preliminary determination by Commerce that imports of certain welded large diameter line pipe from Japan were being sold at LTFV within the meaning of section 733(b) of the Act (19 U.S.C. 1673b(b)). Notice of the scheduling of the Commission's investigation and of a public hearing to be held in connection therewith was given by posting copies of the notice in the Office of the Secretary, U.S. International Trade Commission, Washington, DC, and by publishing the notice in the **Federal Register** of July 9, 2001 (66 FR 35811). The hearing was held in Washington, DC, on October 9, 2001, and all persons who requested the opportunity were permitted to appear in person or by counsel.

The Commission transmitted its determination in the investigation to the Secretary of Commerce on October 25, 2001. The views of the Commission are contained in USITC Publication 3464 (November 2001), entitled Certain Welded Large Diameter Line Pipe from Japan: Investigation No. 731–TA–919 (Final).

By order of the Commission.

Issued: October 26, 2001.

Donna R. Koehnke,

Secretary.

[FR Doc. 01–27428 Filed 10–31–01; 8:45 am]

BILLING CODE 7020–02–P

[1] The record is defined in sec. 207.2(f) of the Commission's Rules of Practice and Procedure (19 CFR § 207.2(f)).

INTERNATIONAL TRADE COMMISSION

[USITC SE–01–038]

Meetings; Sunshine Act

AGENCY HOLDING THE MEETING: United States International Trade Commission.

TIME AND DATE: November 7, 2001 at 11:00 a.m.

PLACE: Room 101, 500 E Street SW., Washington, DC 20436, Telephone: (202) 205–2000.

STATUS: Open to the public.

MATTERS TO BE CONSIDERED:

1. *Agenda for future meeting:* none.
2. Minutes.
3. Ratification List.
4. Inv. Nos. 701–TA–402 and 731–TA–892–893 (Final)(Honey from Argentina and China)—briefing and vote. (The Commission is currently scheduled to transmit its determination and Commissioners' opinions to the Secretary of Commerce on November 19, 2001).
5. *Outstanding action jackets:* none.

In accordance with Commission policy, subject matter listed above, not disposed of at the scheduled meeting, may be carried over to the agenda of the following meeting.

By order of the Commission.

Issued: October 29, 2001.

Donna R. Koehnke,

Secretary.

[FR Doc. 01–27569 Filed 10–30–01; 12:36 pm]

BILLING CODE 7020–02–P

DEPARTMENT OF JUSTICE

Office of Justice Programs

Agency Information Collection Activities: Proposed Collection; Comment Request

ACTION: Notice of information collection under review: Census of Law Enforcement Training Academies.

The Department of Justice, office of Justice Programs, Bureau of Justice Statistics, has submitted the following information collection request for review and clearance in accordance with the Paperwork Reduction Act of 1995. This proposed information collection is published to obtain comments from the public and affected agencies. Comments are encouraged and will be accepted for ''sixty days'' until December 31, 2001.

If you have additional comments, suggestions, or need a copy of the proposed information collection instrument with instructions or additional information, please contact Matthew Hickman, 202–353–1631, Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice, 810 7th Street, NW., Washington, DC 20531.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information should address one or more of the following points:

(1) Evaluate whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility;

(2) Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(3) Enhance the quality, utility, and clarity of the information to be collected; and

(4) Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses.

Overview of this information:

(1) *Type of information collection:* New collection.

(2) *The title of the form/collection:* Census of Law Enforcement Training Academies.

(3) *The agency form number, if any, and the applicable component of the Department sponsoring the collection:* The form number is CJ–52, Bureau of Justice Statistics, United States Department of Justice.

(4) *Affected public who will be asked or required to respond, as well as a brief abstract: Primary:* State, Local or Tribal Government.

(5) *An estimate of the total number of respondents and the amount of time estimated for an average respondent to respond/reply:* It is estimated that 800 respondents will complete a one hour survey form CJ–52.

(6) *An estimate of the total public burden (in hours) associated with the collection:* The total hour burden to complete the survey is 1,200 annual burden hours.

If additional information is required contact: Mrs. Brenda E. Dyer, Deputy Clearance Officer, United States Department of Justice, Information Management and Security Staff, Justice Management Division, Suite 1600, 601 D Street, NW., Washington, DC 20530, or via facsimile at (202) 514–1534.

Dated: October 26, 2001.

Brenda E. Dyer,

Department Deputy Clearance Office, Department of Justice.

[FR Doc. 01–27427 Filed 10–31–01; 8:45 am]

BILLING CODE 4410–18–M

DEPARTMENT OF LABOR

Employment Standards Administration

Proposed Collection; Comment Request

ACTION: Notice.

SUMMARY: The Department of Labor, as part of its continuing effort to reduce paperwork and respondent burden, conducts a preclearance consultation program to provide the general public and Federal agencies with an opportunity to comment on proposed and/or continuing collections of information in accordance with the Paperwork Reduction Act of 1995 (PRA95) [44 U.S.C. 3506(c)(2)(A)]. This program helps to ensure that requested data can be provided in the desired format, reporting burden (time and financial resources) is minimized, collection instruments are clearly understood, and the impact of collection requirements on respondents can be properly assessed. Currently, the Employment Standards Administration is soliciting comments concerning the following medical reports: CM–907, Report of Ventilatory Study; CM–2907, Report of Ventilatory Study; CM–933, Roentgenographic Interpretation; CM–933b, Roentgenographic Quality Rereading; CM–988, Medical History and Examination for Coal Mine Worker's Pneumoconiosis; and CM–1159, Report of Arterial Blood Gas Study.

DATES: Written comments must be submitted to the office listed in the addressee section below on or before December 31, 2001.

ADDRESSEE: Ms. Patricia A. Forkel, U.S. Department of Labor, 200 Constitution Ave., NW., Room S–3201, Washington, DC 20210, telephone (202) 693–0339 (this is not a toll-free number), fax (202) 693–1451, email: *pforkel@fenix2.dol-esa.gov.*

SUPPLEMENTARY INFORMATION:

Background

The Black Lung Benefits Act of 1977, as amended, 30 U.S.C. 901 et. seq., provides for the payment of benefits to coal miners who have contracted black

lung disease as a result of coal mine employment, and their dependents and survivors. When a miner applies for benefits, the Division of Coal Mine Workers' Compensation (DCMWC) is required to schedule a series of diagnostic tests to help establish eligibility for black lung benefits. Each of the diagnostic tests has its own form setting forth the medical results. The forms are: CM–907, Report of Ventilatory Study; CM–2907, Report of Ventilatory Study; CM–933, Roentgenographic Interpretation Form; CM–933b, Roentgenographic Quality Rereading; CM–988, Medical History and Examination for Coal Mine Worker's Pneumoconiosis; and CM–1159, Report of Arterial Blood Gas Study.

II. Review Focus

The Department of Labor is particularly interested in comments which:

* Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

* Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

* Enhance the quality, utility and clarity of the information to be collected; and

* Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submissions of responses.

III. Current Actions

The Department of Labor seeks the approval of the extension of this information collection in order to carry out its responsibility to determine eligibility for black lung benefits. The CM–2907 is a new form designed to apply to all claims filed after January 20, 2001.

Type of Review: Revision.

Agency: Employment Standards Administration.

Titles: Report of Ventilatory Study (CM–907); Report of Ventilatory Study (CM–2907); Roentgenographic Interpretation (CM–933); Roentgenographic Quality Reading (CM–933b); Medical History and Examination for Coal Mine Workers' Pneumoconiosis (CM–988); Report of Arterial Blood Gas Study (CM–1159).

OMB Number: 1215–0090.

Agency Numbers: CM–907, CM–2907, CM–933, CM–933b, CM–988, CM–1159.

Affected Public: Businesses or other for-profit; Not-for-profit institutions.

Frequency: On occasion.

Total Respondents: 26,000.

Total Annual responses: 26,000.

Estimated Total Burden Hours: 6,334.

Form	Respondents	Responses	Average minutes per response	Burden hours
CM–907	100	100	20	33
CM–2907	4,900	4,900	20	1,634
CM–933	6,000	6,000	5	500
CM–933b	5,000	5,000	5	417
CM–988	5,000	5,000	30	2,500
CM–1159	5,000	5,000	15	1,250

Total Burden Cost (capital/startup): $0.

Total Burden Cost (operating/maintenance): $0.

Comments submitted in response to this notice will be summarized and/or included in the request for Office of Management and Budget approval of the information collection request; they will also become a matter of public record.

Dated: October 19, 2001.

Margaret J. Sherrill,

Chief, Branch of Management Review and Internal Control, Division of Financial Management, Office of Management, Administration and Planning, Employment Standards Administration.

[FR Doc. 01–27449 Filed 10–31–01; 8:45 am]

BILLING CODE 4510–CK–P

DEPARTMENT OF LABOR

Mine Safety and Health Administration

Proposed Information Collection Request Submitted for Public Comment and Recommendations; Respirator Program Records

ACTION: Notice.

SUMMARY: The Department of Labor, as part of its continuing effort to reduce paperwork and respondent burden conducts a preclearance consultation program to provide the general public and Federal agencies with an opportunity to comment on proposed and/or continuing collections of information in accordance with the Paperwork Reduction Act of 1995 (PRA95) [44 U.S.C. 3506(c)(2)(A)]. This program helps to ensure that requested data can be provided in the desired format, reporting burden (time and financial resources) is minimized, collection instruments are clearly understood and the impact of collection rquriements on respondents can be properly assessed.

Currently, the Mine Safety and Health Administration (MSHA) is soliciting comments concerning the extension of the information collection related to respirator program records, MSHA is particularly interested in comments which:

* Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

* Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

* Enhance the quality, utility, and clarity of the information to be collected; and

* Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submissions of responses.

A copy of the proposed information collection request can be obtained by contacting the employee listed below in the **FOR FURTHER INFORMATION CONTACT** section of this notice.

DATES: Submit comments on or before December 31, 2001.

ADDRESSES: Send comments to Gordon J. Burke, Jr., Director, Administration and Management, 4015 Wilson Boulevard, Room 615, Arlington, VA 22203–1984. Commenters are encouraged to send their comments on a computer disk, or via e-mail to *Burke-Gordon@msha.gov,* along with an original printed copy. Mr. Burke can be reached at (703) 235–1383 (voice) or (703) 235–1563 (facsimile).

FOR FURTHER INFORMATION CONTACT: Charlene Barnard, Records Management Division, Administration and Management, U.S. Department of Labor, Mine Safety and Health Administration, Room 725, 4015 Wilson Boulevard, Arlington, VA 22203–1984. Ms. Barnard can be reached at *barnard-charlene@msha.gov* (Internet E-mail), (703) 235–1470 (voice), or (703) 235–1563 (facsimile).

SUPPLEMENTARY INFORMATION:

I. Background

Section 101(a)(7) of the Mine Act mandates in part that mandatory standards prescribe the use of protective equipment where appropriate to protect miners against hazards. Where protective equipment or respirators are required because of exposure to harmful substances, MSHA must ensure that such equipment offers adequate protection for workers. A written respirator program that addresses such issues as selection, fitting, use, and maintenance of respirators is essential for ensuring that workers are properly and effectively using the equipment. Records of fit-testing are essential for determining that the worker is wearing the proper respirator.

Title 30 CAR sections 56.5005 and 57.5005 require metal and nonmetal mine operators to institute a respirator program governing selection, maintenance, training, fitting, supervision, cleaning and use of respirators. To control those occupational diseases caused by breathing air contaminated with harmful dusts, fumes, mists, gases, or vapors, the primary objective is to prevent atmospheric contamination. MSHA's current policy, as prescribed by regulation, is to require that this be accomplished by feasible engineering measures. When effective controls are not feasible, or while they are being instituted, or during occasional entry into hazardous atmospheres to perform maintenance or investigations, appropriate respirators are to be used in accordance with established procedures protecting the miners.

Sections 56.5005 and 57.5005 incorporate by reference requirements of the American National Standards Institute (ANSI Z88.2–1969). These incorporated requirements mandate that miners who must wear respirators be fit-tested to the respirators that they will use. Certain records also required to be kept in connection with respirators, including records of the date of issuance of the respirator, and fit-test results. The fit-testing records are essential for determining that the worker is wearing the proper respirator.

II. Current Actions

The mine opertor uses the information to properly issue respiratory protection to miners when feasible engineering and/or administrative controls do not reduce the exposure to permissible levels. Fit-testing records are used to ensure that a respirator worn by an individual is in fact the one for which that individual received a tight fit. MSHA uses the information to determine compliance with the standard.

Type of Review: Extension.

Agency: Mine Safety and Health Administration.

Title: Respirator Program Records.

MOB Number: 1219–0048.

Record keeping: None.

Affected Public: Business or other for-profit.

Cite/Reference/Form/etc: 30 CFR 56.5005 and 57.5005.

Total Respondents: 310.

Frequency: On occasion.

Total Responses: 5,530.

Average Time per Response: 4.04 hours.

Estimated Total Burden Hours: 2,235 hours.

Total Burden Cost (capital/startup): None.

Total Burden Cost (operating/maintaining): $156,350.

Comments submitted in response to this notice will be summarized and/or included in the request for Office of Management and Budget Approval of the information collection request; they will also become a matter of public record.

Dated: October 26, 2001.

Gordon J. Burke, Jr.,

Director, Administration and Management and Information Resources.

[FR Doc. 01–27451 Filed 10–31–01; 8:45 am]

BILLING CODE 4510–43–M

DEPARTMENT OF LABOR

Mine Safety and Health Administration

Proposed Information Collection Request Submitted for Public Comment and Recommendations; Rock Burst Control Plan

ACTION: Notice.

SUMMARY: The Department of Labor, as part of its continuing effort to reduce paperwork and respondent burden, conducts a preclearance consultation program to provide the general public and Federal agencies with an opportunity to comment on proposed and/or continuing collections of information in accordance with the Paperwork Reduction Act of 1995 (PRA95) [44 U.S.C. 3506(c)(2)(A)]. This program helps to ensure that requested data can be provided in the desired format, reporting burden (time and financial resources) is minimized, collection instruments are clearly understood, and the impact of collection requirements on respondents can be properly assessed.

DATES: Submit comments on or before December 31, 2001.

ADDRESSES: Send comments to Gordon J. Burke, Jr., Director, Administration and Management, 4015 Wilson Boulevard, Room 615, Arlington, VA 22203–1984. Commenters are encouraged to send their comments on a computer disk, or via Internet E-mail to *Burke-Gordon@msha.gov*, along with an original printed copy. Mr. Burke can be reached at (703) 235–1383 (voice), or (703) 235–1563 (facsimile).

FOR FURTHER INFORMATION CONTACT: Gordon J. Burke, Jr., Director, Administration and Management, U.S. Department of Labor, Mine Safety and Health Administration, Room 615, 4015 Wilson Boulevard, Arlington, VA 22203–1984. Ms. Burke can be reached at *burke-gordon@msha.gov* (Internet E-mail), (703) 235–1383 (voice), or (703) 235–1381 (facsimile).

SUPPLEMENTARY INFORMATION:

I. Background

When rock bursts occur in an underground mine, they pose a serious threat to the safety of miners in the area affected by the burst. These bursts may reasonably be expected to result in the entrapment of miners, death, and serious physical harm. Recent mining technology has disclosed scientific methods of monitoring rock stresses which will allow the prediction of an oncoming burst. These predictions can be used by the mine operator to move miners to safer locations and to

establish areas which need relief drilling. Title 30, Section 57.3461 requires operators of underground metal and nonmetal mines to develop a rock burst control plan within 90 days after a rock burst has been experienced.

II. Desired Focus of Comments

Currently, the Mine Safety and Health Administration (MSHA) is soliciting comments concerning the proposed extension of the information collection related to the Rock Burst Control Plans. MSHA is particularly interested in comments which:

- Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;
- Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
- Enhance the quality, utility, and clarity of the information to be collected; and
- Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, *e.g.*, permitting electronic submissions of responses.

A copy of the proposed information collection request may be viewed on the Internet by accessing the MSHA Home Page *(http://www.msha.gov)* and selecting ''Statutory and Regulatory information'' then ''Paperwork Reduction Act submission *(http://www.msha.gov/regspwork.htm)*'', or by contacting the employee listed above in the **FOR FURTHER INFORMATION CONTACT** section of this notice for a hard copy.

III. Current Actions

This information collection needs to be extended to provide for the protection of miners from entrapment, death, or serious physical harm in metal and nonmetal underground mines with a history of rock bursts.

Type of Review: Extension.

Agency: Mine Safety and Health Administration.

Title: Rock Burst Control Plans.

OMB Number: 1219–0097.

Recordkeeping: The control plan must be maintained at all times and updated as conditions warrant.

Affected Public: Business or other for-profit.

Frequency: On occasion.

Cite/Reference/Form/etc: 30 CFR 57.3461.

Total Respondents: 2.

Total Responses: 2.

Average Time per Response: 12 hours.

Estimated Total Burden Hours: 12 hours.

Total Annualized Capital/Startup Costs: $0.

Total Operating and Maintenance Costs: $0.

Comments submitted in response to this notice will be summarized and/or included in the request for Office of Management and Budget approval of the information collection request; they will also become a matter of public record.

Dated: October 26, 2001.

Gordon J. Burke, Jr.,

Director, Administration and Management.

[FR Doc. 01–27452 Filed 10–31–01; 8:45 am]

BILLING CODE 4510–43–M

DEPARTMENT OF LABOR

Occupational Safety and Health Administration

[Docket No. NRTL–1–89]

Intertek Testing Services, NA, Inc., Application for Expansion of Recognition

AGENCY: Occupational Safety and Health Administration (OSHA), Labor.

ACTION: Notice.

SUMMARY: This notice announces the application of Intertek Testing Services, NA, Inc., for expansion of its recognition as a Nationally Recognized Testing Laboratory under 29 CFR 1910.7, and presents the Agency's preliminary finding. This preliminary finding does not constitute an interim or temporary approval of this application.

DATES: Comments submitted by interested parties, or any request for extension of the time to comment, must be received no later than November 16, 2001.

ADDRESSES: Submit written comments concerning this notice to: Docket Office, Docket NRTL1–89, U.S. Department of Labor, Occupational Safety and Health Administration, Room N2625, 200 Constitution Avenue, NW, Washington, DC 20210; telephone: (202) 693–2350. Commenters may transmit written comments of 10 pages or less in length by facsimile to (202) 693–1648. Submit request for extensions concerning this notice to: Office of Technical Programs and Coordination Activities, NRTL Program, Occupational Safety and Health Administration, U.S. Department of Labor, Room N3653, 200 Constitution Avenue, NW, Washington, DC 20210.

FOR FURTHER INFORMATION CONTACT: Bernard Pasquet, Office of Technical Programs and Coordination Activities at the above address, or phone (202) 693–2110.

SUPPLEMENTARY INFORMATION:

Notice of Application

The Occupational Safety and Health Administration (OSHA) hereby gives notice that Intertek Testing Services, NA, Inc. (ITSNA), has applied for expansion of its current recognition as a Nationally Recognized Testing Laboratory (NRTL). ITSNA's expansion request covers the use of an additional testing site. OSHA's current scope of recognition for ITSNA may be found in the following informational web page: *http://www.osha-slc.gov/dts/otpca/nrtl/its.html*.

OSHA recognition of an NRTL signifies that the organization has met the legal requirements in section 1910.7 of title 29, Code of Federal Regulations (29 CFR 1910.7). Recognition is an acknowledgment that the organization can perform independent safety testing and certification of the specific products covered within its scope of recognition and is not a delegation or grant of government authority. As a result of recognition, employers may use products ''properly certified'' by the NRTL to meet OSHA standards that require testing and certification.

The Agency processes applications by an NRTL for initial recognition or for expansion or renewal of this recognition following requirements in Appendix A to 29 CFR 1910.7. This appendix requires that the Agency publish two notices in the **Federal Register** in processing an application. In the first notice, OSHA announces the application and provides its preliminary finding and, in the second notice, the Agency provides its final decision on an application. These notices set forth the NRTL's scope of recognition or modifications of this scope.

The most recent notices published by OSHA for ITSNA's recognition covered its renewal of recognition, which OSHA announced on December 17, 1998 (63 FR 69676) and granted on May 29, 2001 (66 FR 29178). In the May notice, we briefly explain the lapse in time between the two notices. Generally, the period between the two notices is about 1 to 2 months.

The current address of the ITSNA testing facilities already recognized by OSHA are:

ITSNA Antioch, 2200 Wymore Way, Antioch, California 94509

ITSNA Atlanta, 1950 Evergreen Blvd., Suite 100, Duluth, Georgia 30096

ITSNA Boxborough, 70 Codman Hill Road, Boxborough, Massachusetts 01719

ITSNA Cortland, 3933 U.S. Route 11, Cortland, New York 13045
ITSNA Los Angeles, 27611 LaPaz Road, Suite C, Laguna Niguel, California 92677
ITSNA Madison, 8431 Murphy Drive, Middleton, Wisconsin 53562
ITSNA Minneapolis, 7250 Hudson Blvd., Suite 100, Oakdale, Minnesota 55128
ITSNA San Francisco, 1365 Adams Court, Menlo Park, CA 94025
ITSNA Totowa, 40 Commerce Way, Unit B, Totowa, New Jersey 07512
ITSNA Vancouver, 211 Schoolhouse Street, Coquitlam, British Columbia, V3K 4X9 Canada
ITSNA Hong Kong, 2/F., Garment Centre, 576 Castle Peak Road, Kowloon, Hong Kong
ITSNA Taiwan, 14/F., Huei Fung Building, 27, Chung Shan North Road, Sec. 3, Taipei 10451, Taiwan

The current address of the additional ITSNA testing site covered by the expansion application is: Intertek Testing Services NA Sweden AB, Box 1103, S–164 ι22, Kista, Stockholm, Sweden.

General Background on the Application

ITSNA has submitted an application, dated February 25, 1997 (see Exhibit 35), to expand its recognition to include a site located in Stockholm, Sweden. The NRTL Program staff reviewed the application and determined that it was acceptable based on the guidelines that were then in effect. However, the program staff deferred further consideration of the application primarily due to processing of other requests submitted by ITSNA for expansion and renewal of its recognition, which were pending at the time the application was received. As explained in prior **Federal Register** notices, most recently a notice published on May 29, 2001 (66 FR 29178), consideration of those other requests had been deferred until December 1996.

The program staff resumed processing of the application for recognition of the Stockholm facility in June 1998, and the staff performed an on-site review (assessment) of the facility on September 24–25, 1998. In the on-site review report (see Exhibit 36), the program staff recommended a ''positive finding,'' which means a positive recommendation on the recognition to the Assistant Secretary. However, the Agency further delayed processing of the application in January 1999 pending resolution of certain requests made by ITSNA, which also affected the other requests by ITSNA for expansion and for renewal of its recognition. In April 2000, ITSNA submitted information pertinent to its other requests and to its application for the Stockholm site and submitted additional information pertinent to the application in July 2001. The NRTL Program staff has reviewed the information and determined that OSHA may proceed with processing the application for the Stockholm site.

The application contains sufficient information demonstrating the testing capabilities of the Stockholm site listed above. The additional information list the personnel to be devoted to testing for ITSNA's NRTL operations and shows that the site listed above is a wholly-owned subsidiary of ITSNA. OSHA's recognition of the additional site would not be limited to any particular test standards. However, recognition of this site would be limited to performing product testing only to the test standards for which the site has the proper capability and programs, and for which OSHA has recognized ITSNA. This treatment is consistent with the recognition that OSHA has granted to other NRTLs that operate multiple sites. The Agency would not recognize the site to issue certifications under ITSNA's operations as an NRTL. Currently, ITSNA issues such certifications only at specific sites listed above, and OSHA must review and accept the Stockholm site before ITSNA issues certifications there. In addition, OSHA would permit the site to use of all eight of the ''supplemental'' programs. OSHA has already recognized ITSNA for these programs and, as a result, we are not listing them again in this notice, but merely providing this information as a matter of public interest.

OSHA has described the ''supplemental'' programs referred to above in a March 9, 1995 **Federal Register** notice (60 FR 12980, 3/9/95). This notice described nine (9) programs and procedures (collectively, programs), eight of which (the ''supplemental programs'') an NRTL may use to control, audit, and accept the data relied upon for product certification. Such data is not normally generated at the NRTL's facility or by NRTL personnel. The notice also includes the criteria for the use by the NRTL of these eight, or supplemental, programs. An NRTL's initial recognition will always include the first or basic program, which requires that all product testing and evaluation be performed in-house by the NRTL that will certify the product.

OSHA developed the programs to limit how an NRTL may perform certain aspects of its work and to permit the activities covered under the programs only when the NRTL meets certain criteria. In this sense, they are special conditions that the Agency places on an NRTL's recognition. OSHA does not consider these programs in determining whether an NRTL meets the requirements for recognition under 29 CFR 1910.7. However, these programs help to define the scope of that recognition.

Existing Conditions

Currently, OSHA imposes the following conditions on its recognition of ITSNA as an NRTL. These conditions would apply also to the recognition of the Stockholm site. As mentioned in previous notices, these conditions apply solely to ITSNA's operations as an NRTL, and are in addition to any other condition that OSHA normally imposes in its recognition of an organization as an NRTL. These conditions are listed in this notice mainly for information.

(1) ITSNA may perform safety testing for hazardous location products only at the specific ITSNA sites that OSHA has recognized, and that have been pre-qualified for such testing by the ITSNA Chief Engineer. In addition, all safety test reports for hazardous location products must undergo a documented review and approval at the Cortland testing facility by a test engineer qualified in hazardous location safety testing, prior to ITSNA's initial or continued authorization of the certifications covered by these reports.

(2) ITSNA may not test and certify any products for a client that is a manufacturer or vendor that is either owned in excess of 2% by ITSLtd or affiliated organizationally with ITSNA, including Compliance Design.

Preliminary Finding

ITSNA has submitted an acceptable request for expansion of its recognition as an NRTL. As previously mentioned, in connection with the request, OSHA has performed an on-site review (evaluation) of the ITSNA Stockholm, Sweden, facility (site). ITSNA has addressed the discrepancies noted by the assessors following the review, and the assessors included the resolution in the on-site review reports (see Exhibit 36).

Following a review of the application file, the on-site review report, and other pertinent information, the NRTL Program staff has concluded that OSHA can grant to ITSNA the expansion of recognition for the Stockholm, Sweden, site listed above, subject to the conditions as noted. The staff therefore recommended to the Assistant Secretary that the application be preliminarily approved.

Based upon the recommendations of the staff, the Assistant Secretary has made a preliminary finding that Intertek Testing Services, NA, Inc., can meet the requirements as prescribed by 29 CFR 1910.7 for the expansion of recognition, subject to the above conditions. This preliminary finding, however, does not constitute an interim or temporary approval of the applications for ITSNA.

OSHA welcomes public comments, in sufficient detail, as to whether ITSNA has met the requirements of 29 CFR 1910.7 for expansion of its recognition as a Nationally Recognized Testing Laboratory. Your comment should consist of pertinent written documents and exhibits. To consider it, OSHA must receive the comment at the address provided above (see **ADDRESSES**), no later than the last date for comments (see ''DATES'' above). You may obtain or review copies of ITSNA's application, the on-site review report, and all submitted comments, as received, by contacting the Docket Office, Room N2625, Occupational Safety and Health Administration, U.S. Department of Labor, at the above address. You should refer to Docket No. NRTL1–89, the permanent record of public information on ITSNA's recognition.

The NRTL Program staff will review all timely comments and, after resolution of issues raised by these comments, will recommend whether to grant ITSNA's expansion request. The Assistant Secretary will make the final decision on granting the expansion, and in making this decision, may undertake other proceedings that are prescribed in Appendix A to 29 CFR section 1910.7. OSHA will publish a public notice of this final decision in the **Federal Register**.

Signed at Washington, DC this 22d day of October, 2001.

John L. Henshaw,

Assistant Secretary.

[FR Doc. 01–27450 Filed 10–31–01; 8:45 am]

BILLING CODE 4510–26–P

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

[Notice 01–138]

NASA Advisory Council (NAC); Meeting

AGENCY: National Aeronautics and Space Administration.

ACTION: Notice of meeting.

SUMMARY: In accordance with the Federal Advisory Committee Act, Pub. L. 92–463, as amended, the National Aeronautics and Space Administration announces an open meeting of the NASA Advisory Council (NAC).

DATES: Tuesday, November 6, 2001, 11 a.m.–5 p.m. Eastern Standard Time.

ADDRESS: NASA Headquarters, 300 E Street, SW., Room 9H40, Washington, DC 20546.

FOR FURTHER INFORMATION CONTACT: Mr. Philip Cleary, Code IC, National Aeronautics and Space Administration, Washington, DC 20546–0001, 202/358–4461.

SUPPLEMENTARY INFORMATION: This meeting will be open to the public up to the seating capacity of the room. The agenda for the meeting is to review and discuss the report of the International Space Station Management and Cost Evaluation (IMCE) Task Force. After the IMCE Task Force presents its findings and recommendations, the NASA Administrator will provide his comments to the report. The meeting will conclude with deliberation of the report by the NAC.

The planned release date of the IMCE Task Force report is November 2, 2001. A copy of the report may be obtained by contacting Mr. Daniel Hedin, Code ML, 202/358–1691, or by accessing *ftp://ftp.hq.nasa.gov/pub/pao/reports/2001/imce.pdf.*

Exceptional circumstances require that this meeting be held on November 6, 2001. A congressional hearing regarding this report is expected in early November 2001, and it is appropriate for the NAC to receive and discuss the results of the IMCE Task Force prior to any formal congressional review. Review and discussion by the NAC at this time, with the opportunity for members of the public to participate, will allow consideration of appropriate actions in response to the findings and recommendations in a timely manner for submission with the Agency's Fiscal Year 2003 budget request.

Following the meeting on November 6, 2001, the NAC will continue to consider the IMCE Task Force report at its next meeting, planned for early December 2001. Due to increased security measures at NASA Headquarters, please contact Ms. Kathy Dakon at 202/358–0732 if you plan to attend the meeting. Visitors will be requested to sign a visitor's register and will require escort within the NASA Headquarters building.

Beth M. McCormick,

Advisory Committee Management Officer, National Aeronautics and Space Administration.

[FR Doc. 01–27461 Filed 10–29–01; 3:56 pm]

BILLING CODE 7510–01–P

NATIONAL SCIENCE FOUNDATION

Notice of Intent To Seek Approval To Extend a Current Information Collection

AGENCY: National Science Foundation.

ACTION: Notice and request for comments.

SUMMARY: The National Science Foundation (NSF) is announcing plans to request approval of this collection. In accordance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 (Pub. L. 104–13), we are providing an opportunity for public comment on this action. After obtaining and considering public comment, NSF will prepare the submission requesting that OMB approve clearance of this collection for no longer than 3 years.

DATES: Written comments on this notice must be received by December 31, 2001 to be assured of consideration. Comments received after that date will be considered to the extent practicable.

ADDRESSES: Written comments regarding the information collection and requests for copies of the proposed information collection request should be addressed to Suzanne Plimpton, Reports Clearance Officer, National Science Foundation, 4201 Wilson Blvd., Rm. 295, Arlington, VA 22230, or by e-mail to *splimpto@nsf.gov*.

Comments: Written comments are invited on (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the Agency, including whether the information shall have practical utility; (b) the accuracy of the Agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information on respondents, including through the use of automated collection techniques or other forms of information technology; or (d) ways to minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

FOR FURTHER INFORMATION CONTACT: Suzanne H. Plimpton, Reports Clearance Officer, National Science Foundation, 4201 Wilson Boulevard, Suite 295, Arlington, Virginia 22230; telephone (703) 292–7556; or send email to *splimpto@nsf.gov*. Individuals who use a telecommunications device for the deaf (TDD) may call the Federal Information Relay Service (FIRS) at 1–800–877–8339 between 8 a.m. and 8

p.m., Eastern time, Monday through Friday.

SUPPLEMENTARY INFORMATION:

Title of Collection: NSF Proposal Review Process.

OMB Control No.: 3145–0060.

Expiration Date of Approval: March 31, 2002.

Proposed Project Proposal Evaluation Process

The National Science Foundation (NSF) is an independent Federal agency created by the National Science Foundation Act of 1950, as amended (42 U.S.C. 1861–75). The Act states the purpose of the NSF is ''to promote the progress of science; [and] to advance the national health, prosperity, and welfare'' by supporting research and education in all fields of science and engineering.''

From those first days, NSF has had a unique place in the Federal Government: It is responsible for the overall health of science and engineering across all disciplines. In contrast, other Federal agencies support research focused on specific missions such as health or defense. The Foundation also is committed to ensuring the nation's supply of scientists, engineers, and science and engineering educators.

The Foundation fulfills this responsibility by initiating and supporting merit-selected research and education projects in all the scientific and engineering disciplines. It does this through grants and cooperative agreements to more than 2,000 colleges, universities, K–12 school systems, businesses, informal science organizations and other research institutions throughout the U.S. The Foundation accounts for about one-fourth of Federal support to academic institutions for basic research.

The Foundation relies heavily on the advice and assistance of external advisory committees, ad-hoc proposal reviewers, and to other experts to ensure that the Foundation is able to reach fair and knowledgeable judgments. These scientists and educators come from colleges and universities, nonprofit research and education organizations, industry, and other Government agencies.

In making its decisions on proposals the counsel of these merit reviewers has proven invaluable to the Foundation both in the identification of meritorious projects and in providing sound basis for project restructuring.

Review of proposals may involve large panel sessions, small groups, or use of a mail-review system. Proposals are reviewed carefully by scientists or engineers who are expert in the particular field represented by the proposal. About 50% are reviewed exclusively by panels of reviewers who gather, usually in Arlington, VA, to discuss their advice as well as to deliver it. About 35% are reviewed first by mail reviewers expert in the particular field, then by panels, usually of persons with more diverse expertise, who help the NSF decide among proposals from multiple fields or subfields. Finally, about 15% are reviewed exclusively by mail.

Use of the Information

The information collected is used to support grant programs of the Foundation. The information collected on the proposal evaluation forms is used by the Foundation to determine the following criteria when awarding or declining proposals submitted to the Agency: (1) What is the intellectual merit of the proposed activity? (2) What are the broader impacts of the proposed activity?

The information collected on reviewer background questionnaires is used by managers to maintain an automated database of reviewers for the many disciplines represented by the proposals submitted to the Foundation. Information collected on gender, race, ethnicity is used in meeting NSF needs for data to permit response to Congressional and other queries into equity issues. These data are also used in the design, implementation, and monitoring of NSF efforts to increase the participation of various groups in science, engineering, and education.

Confidentiality

When a decision has been made (whether an award or a declination), verbatim copies of reviews, excluding the names of the reviewers, and summaries of review panel deliberations, if any, are provided to the PI. Proposers also may request and obtain any other releasable material in NSF's file on their proposal. Everything in the file except information that directly identifies either reviewers or other pending or declined proposals is usually releasable to the proposer.

While listings of panelists' names are released, the names of individual reviewers, associated with individual proposals, are not released to anyone.

Because the Foundation is committed to monitoring and identifying any real or apparent inequities based on gender, race, ethnicity, or disability of the proposed principal investigator(s)/project director(s) or the co-principal investigator(s)/co-project director(s), the Foundation also collects information regarding race, ethnicity, disability, and gender. This information is also protected by the Privacy Act.

Burden on the Public

The Foundation estimates that anywhere from one hour to twenty hours may be required to review a proposal. It is estimated that approximately five hours are required to review an average proposal. Each proposal receives an average of 8.5 reviews.

Dated: October 29, 2001.

Suzanne H. Plimpton,

NSF Reports Clearance Officer.

[FR Doc. 01–27453 Filed 10–31–01; 8:45 am]

BILLING CODE 7555–01–M

NUCLEAR REGULATORY COMMISSION

Sunshine Act Meeting

AGENCY HOLDING THE MEETING: Nuclear Regulatory Commission

DATE: Weeks of October 29, November 5, 12, 19, 26, December 3, 2001.

PLACE: Commissioners' Conference Room, 11555 Rockville Pike, Rockville, Maryland.

STATUS: Public and Closed.

MATTERS TO BE CONSIDERED:

Week of October 29, 2001

There are no meetings scheduled for the week of October 29, 2001.

Week of November 5, 2001—Tentative

There are no meetings scheduled for the week of November 5, 2001.

Week of November 12, 2001—Tentative

Thursday, November 15, 2001

2 p.m.

Discussion of Intragovernmental Issues (Closed-Ex. 1).

Week of November 19, 2001—Tentative

There are no meetings scheduled for the Week of November 19, 2001.

Week of November 26, 2001—Tentative

There are no meetings scheduled for the Week of November 26, 2001.

Week of December 3, 2001—Tentative

Monday, December 3, 2001

2 p.m.

Briefing on Status of Steam Generator Action Plan (Public Meeting) (Contact: maitri Banerjee, 301–415–2277).

Wednesday, December 5, 2001

1:25 p.m.

Affirmation Session (Public Meeting) (if needed).

1:30 p.m.

Meeting with Advisory Committee on Reactor Safeguards (ACRS) (Public

Meeting) (Contact: John Larkins, 301–415–7360).

The schedule for Commission meetings is subject to change on short notice. To verify the status of meetings call (recording)—(301) 415–1292. Contact person for more information: David Louis Gamberoni (301) 415–1651.

Additional Information:

By a vote of 5–0 on October 19, the Commission determined pursuant to U.S.C. 552b(e) and § 9.107(a) of the Commission's rules that ''Discussion of Intragovernmental Issues (Closed–Ex. 1 & 9)'' be held on October 22, and on less than one week's notice to the public.

The NRC Commission Meeting Schedule can be found on the Internet at: *http://www.nrc.gov/SECY/smj/schedule.htm*.

This notice is distributed by mail to several hundred subscribers; if you no longer wish to receive it, or would like to be added to the distribution, please contact the Office of the Secretary, Washington, DC 20555 (301–415–1969). In addition, distribution of this meeting notice over the Internet system is available. If you are interested in receiving this commission meeting schedule electronically, please send an electronic message to *dkw@nrc.gov*.

Dated: October 25, 2001.

David Louis Gamberoni,

Technical Coordinator, Office of the Secretary.

[FR Doc. 01–27522 Filed 10–29–01; 8:45 am]

BILLING CODE 7590–01–M

SECURITIES AND EXCHANGE COMMISSION

[Release No. 35–27458]

Filings Under the Public Utility Holding Company Act of 1935, as Amended (''Act'')

October 26, 2001.

Notice is hereby given that the following filing(s) has/have been made with the Commission pursuant to provisions of the Act and rules promulgated under the Act. All interested persons are referred to the application(s) and/or declaration(s) for complete statements of the proposed transaction(s) summarized below. The application(s) and/or declaration(s) and any amendment(s) is/are available for public inspection through the Commission's Branch of Public Reference.

Interested persons wishing to comment or request a hearing on the application(s) and/or declaration(s) should submit their views in writing by November 20, 2001, to the Secretary, Securities and Exchange Commission, Washington, DC 20549–0609, and serve a copy on the relevant applicant(s) and/or declarant(s) at the address(es) specified below. Proof of service (by affidavit or, in the case of an attorney at law, by certificate) should be filed with the request. Any request for hearing should identify specifically the issues of facts or law that are disputed. A person who so requests will be notified of any hearing, if ordered, and will receive a copy of any notice or order issued in the matter. After November 20, 2001, the application(s) and/or declaration(s), as filed or as amended, may be granted and/or permitted to become effective.

Conectiv, et al. (70–9899)

Conectiv, a registered holding company, Atlantic City Electric Company (''ACE''), a public utility subsidiary of Conectiv, Conectiv Resource Partners, Inc. (''CRPI''), the Conectiv system's service company, each located at P.O. Box 231, Wilmington, Delaware 19899–0231, and Atlantic City Electric Transition Funding LLC (''Special Purpose Issuer''), Mail Code: 89KS33, P.O. Box 15597, Wilmington, Delaware 19850–0231, (collectively, ''Applicants'') have filed an application-declaration (''Application'') under sections 6(a), 7, 9(a), 10, 12(b), 12(d), 12(f) and 13(b) of the Act and rules 42–45, 90, 91 and 54 under the Act.

The proposals set forth in the Application relate to recovery of stranded costs resulting from the restructuring of the electric utility industry by the State of New Jersey.

As of December 31, 2000, ACE served approximately 501,000 customers in its service, territory, covering an area of about 2,700 square miles in the southern one-third of New Jersey. ACE's customer base consists primarily of residential and commercial customers. ACE reported net income after extraordinary items of $54.4 million on revenue of $968.4 million for the year ended December 31, 2000.

The New Jersey Electric Discount and Energy Competition Act (the ''Competition Act''), was signed into law in February 1999. The Competition Act provides, among other things, for the restructuring of the electric utility industry in New Jersey. The Competition Act requires the unbundling of electric services into separate generation, transmission, and distribution services with open retail competition for generation services. The Competition Act provides for utilities to recover the anticipated loss in value of their generation-related assets and the costs incurred under powder purchase contracts with nonutility generators of electricity that are not recoverable under market rates. The Competition Act also provides for the recovery of these stranded costs through a non-bypassable charge included in customers' bills (''Market Transition Charge'').

The Competition Act authorizes a utility to securitize its right to recover stranded costs through the issuance of asset-backed debt securities (''Transition Bonds'') by the electric public utility or other financing entity approved by the New Jersey Board of Public Utilities (''BPU''). To the extent a utility's right to recover stranded costs is securitized, a portion of the Market Transition Charge is replaced by a non-bypassable irrevocable charge included in customers' electric bills (''Transition Bond Charge''), which is designed to meet the costs of paying the principal of and interest on the Transition Bonds and the costs associated with the issuance, credit enhancing, and servicing of the Transition Bonds. The Competition Act also authorizes the recovery of a related Market Transition Charge tax component (the ''MTC Tax''). The right to charge, collect, and receive the Transition Bond Charge, as well as the MTC Tax, constitute ''Bondable Transition Property.'' In order to facilitate the issuance of Transition Bonds, ACE formed the Special Purpose Issuer March 28, 2001, under a limited liability company agreement with ACE as its sole member, and acquired its securities under authority granted through prior Commission orders.

The Competition Act authorizes the BPU to issue a ''bondable stranded costs rate order,'' such as a BPU financing order, approving, among other things, the issuance of transition Bonds to recover bondable stranded costs and related expenses of a public electric utility. A utility, a finance subsidiary of a utility or a third-party assignee of a utility may issue Transition Bonds.

On June 25, 2001, ACE field a petition with the BPU requesting issuance by the BPU of a bondable stranded costs rate order under the Competition Act to allow ACE to monetize its bondable stranded costs, plus associated transaction costs and the cost of retiring its debt or equity or both. The final structure, pricing and other terms of the Transition Bonds will be subject to the approval of the BPU or its designee. BPU approval will be obtained prior to any sale of Transition Bonds.

By order dated February 26, 1998, HCAR No. 26833, and by various supplemental orders [1] (the ''Prior

[1] *Conectiv*, NCAR No. 26907 (August 21, 1998); *Conectiv*, HCAR No. 26921 (Sept. 28, 1998); *Conectiv*, HCAR No. 26930 (Oct. 21, 1998); *Conectiv, et al.*, HCAR No. 27111 (Dec. 14, 1999); *Conectiv, et al.*, HCAR No. 27213 (Aug. 17, 2000); and *Conectiv, et al.*, HCAR No. 27415 (June 7, 2001).

Orders''), the Commission authorized Conectiv and its subsidiaries to engage in various financial transactions. Applicants now request authority, to the extent not already authorized in the Prior Orders, through May 31, 2006 (''Authorization Period''), for: (1) ACE to sell and/or assign Bondable Transition Property to the Special Purpose Issuer from time to time in exchange for the net proceeds from the sale of a series of Transition Bonds; (2) the Special Purpose Issuer to issue and sell Transition Bonds from time to time, in accordance with an underwriting agreement, in an aggregate principal amount up to $1.7 billion to be authorized and approved by the BPU; (3) the Special Purpose Issuer to enter into interest rate swaps, interest rate hedging programs, and credit enhancement arrangement to reduce interest rate and credit risks with respect to, and to facilitate the issuance of, Transition bonds; (4) ACE to act as the servicer of the Bondable Transition Property and enter into a servicing agreement under the ACE or an affiliate will perform services for the Special Purpose Issuer and receive compensation determined on a market rate basis; [2] (5) ACE, CRPI or any successor entity, or another affiliate to act as the administrator for the Special Purpose Issuer under an administration agreement and receive compensation which will be equal to a market rate fee,[3] (6) the Special Purpose Issuer to use the proceeds from the Transition Bonds to pay the expenses of issuance and to purchase the Bondable Transition Property from ACE [4]; and (7) ACE to indemnify the Special Purpose Issuers.

National Fuel Gas Company, et al. (70–9959)

National Fuel Gas Company (''National''), a registered holding company, its wholly owned nonutility subsidiary, Horizon Energy Development, Inc. (''Horizon,'') and Horizon's wholly owned nonutility subsidiary, Horizon energy Holdings, Inc. (''Holdings''), and Holding's subsidiaries (collectively, ''Applicants'') all located at 10 Lafayette Square, Buffalo, New York 14203, have filed an application-declaration under sections 6(a), 7, 9(a), 10, 12(b), 12(c), 12(f), 13(b), 32 and 33 of the Act and rules 42, 43, 45(a), 46, 54, 90 and 91 under the Act.

By order dated August 29, 1995 (HCAR Nos. 26364 (''Order''), through December 31, 2001, National and Horizon were authorized to engage in various transactions, through intermediate subsidiaries (''Intermediate Subsidiaries''), relating to potential direct or indirect investments in ''exempt wholesale generators'' (''EWGs'') and ''foreign utility companies'' (''FUCOs''), as defined in sections 32 and 33 of the Act, respectively.[5] The Order also authorized National and Horizon to engage in related energy consulting activities.

Specifically, the Commission authorized National to organize and provide additional debt and equity capital to Horizon in an aggregate amount not to exceed $150 million outstanding at any time to invest in preliminary development activities relating to investments in, and financing the acquisition of, EWGs and FUCOs and for preliminary development activities and administrative activities relating to ''qualifying facilities'' under the Public Utility Regulatory Policies Act of 1978, as amended. Under the Order, National and Horizon could organize and acquire, directly or indirectly, the securities of one or more Intermediate Subsidiaries formed of the purpose of acquiring and holding the debt or equity securities of one or more EWGs or FUCOs. In the alternative, Intermediate Subsidiaries were authorized to issue and sell debt and equity securities to finance EWG and FUCO acquisitions. Additionally, National and Horizon were authorized to issue guarantees and assume liabilities in connection with investments in EWGs and FUCOs and Intermediate Subsidiaries, subject to the $150 million investment limitation. Any National subsidiary company could provide services to EWGs that derive no part of their income, directly or indirectly, from the generation of electric energy for sale in the United States, or FUCOs and National and Horizon were authorized to provide consulting and operation services, at market prices, to unaffiliated third parties for foreign and domestic energy related projects.

Subsequently, by order dated March 20, 1998 (HCAR No. 26847) (''March Order'') the Commission authorized National to engage in an external financing program [6] and to use the proceeds from the financing to, among other things, make investments, directly or indirectly in EWGs and FUCOs, subject to the limitations of rule 53, and in ''energy-related companies,'' as defined in rule 58, and subject to the limitations of that rule. The March Order states that the investment authority was intended to supersede the investment limitation contained in the Order.[7]

The Applicants are now seeking to extend, and in certain respects modify, the authority contained in the Order for the period through September 30, 2006 (''Authorization Period''). It is intended that the authority granted in this proceeding replace and supersede the Order, except with respect to any transactions that have been carried out in reliance upon the 1995 Order.

Specifically, the following transactions are proposed to be consummated during the Authorization Period. Horizon, Existing Intermediate Subsidiaries and Intermediate Subsidiaries propose to engage in preliminary developmental activities (''Development'') relating to investments in: (1) EWGs and FUCOs (''Exempt Subsidiaries''); (2) Existing Intermediate Subsidiaries; (3) any additional Intermediate Subsidiaries; (4) any other direct or indirect non-exempt Horizon subsidiaries that may be formed or acquired under rule 58 (''Rule 58 Subsidiaries''); and (5) other non-exempt nonutility companies, as may be authorized in any separate proceeding (''Authorized Subsidiaries,'' and, together with Existing Intermediate Subsidiaries, Intermediate Subsidiaries and Rule 58 Subsidiaries, ''Non-Exempt Subsidiaries''). The expenses related to EWG and FUCO Development will be

[2] Accordingly, Applicants request an exemption from ''at cost'' standards of section 13(b) with respect to this request.

[3] Again, Applicants request an exemption from ''at cost'' standards of section 13(b) with respect to this request.

[4] ACE will use these proceeds to reduce its stranded costs through the buydown or buyout of long-term power purchase contracts with non-utility generators and through the retirement of its debt or equity or both, including the retirement of debt related to specific transactions completed prior to the issuance of the Transition Bonds for the buydown or buyout of long-term power purchase contracts with non-utility generators.

[5] Under the Order, Horizon organized one Intermediate Subsidiary, Holdings, to acquire Horizon Energy Development B.V. (''Development''). Development, in turn, acquired Horizon Energy Development s.r.o. (''HED'') and Power Development s.r.o. (together with Holdings, Development and HED, ''Existing Intermediate Subsidiaries''). The Existing Intermediate Subsidiaries and hold interests in three FUCOs.

[6] Specifically, the Commission authorized National to issue and sell up to $750 million of short-term and long-term debt and to issue equity securities in an aggregate amount not exceeding $2 billion. The Commission limited the use of proceeds from short-term debt sales to financing National's money pool operations and those from the sale of long-term debt and equity to investments in EWGs and FUCOs.

[7] Subsequent to the date of the Order, the Commission amended rules 45(b) and 52. Applicants assert that these rules will, in most cases, exempt from sections 6(a), 7 and 12(b) the issuance of securities by Horizon and by Intermediate Subsidiaries and guarantees by these companies of securities of their subsidiary companies.

included in the ''aggregate investment'' calculation required by rule 53 if they lead to EWG or FUCO investments and to the extent that they were financed by National.

National, Horizon or Intermediate Subsidiaries propose to acquire, directly or indirectly, the equity securities of one or more additional Intermediate Subsidiaries exclusively organized to acquire, finance and hold the securities of one or more existing or future Exempt Subsidiaries, Rule 58 Subsidiaries or Authorized Subsidiaries. Horizon and Intermediate Subsidiaries propose to provide administrative, operating, technical and management services (''Project Services'') and sell goods to other Horizon subsidiaries to the extent necessary to manage National's investments in Exempt Subsidiaries, Rule 58 Subsidiaries and other Authorized Subsidiaries. Horizon and Intermediate Subsidiaries further propose, under certain circumstances, to provide Project Services and sell goods at fair market prices, under an exemption from the cost standard under section 13(b) of the Act and rules 90 and 91.[8]

Horizon and Intermediate Subsidiaries propose to provide guarantees and other forms of credit support (''Guarantees'') with respect to obligations of any other Horizon nonutility subsidiary company in an aggregate principal or nominal amount not to exceed $200 million at any one time outstanding, exclusive of any guarantees that are exempt under rules 45(b) and rule 52. The company providing any Guarantee may charge its associate company a fee in an amount not exceeding the actual cost of the liquidity required to support the Guarantee. Guarantees supporting obligations of any Rule 58 Subsidiary shall be subject to rule 58(a)(1).

National, Horizon and Intermediate Subsidiaries propose to make loans to any other partially owned subsidiary of Horizon at interest rates and maturities designed to provide a return to the lending company of not less than its effective cost of capital. However, it is stated that no loans will be made to partially owned nonutility subsidiaries that sell goods and services to associate companies, except for those companies, enumerated above, to whom Horizon and Intermediate Subsidiaries propose to provide goods and services under a section 13(b) exemption to the ''at cost'' standard contained in rules 90 and 91.

National, Horizon and any Non-Exempt Subsidiaries request approval to reorganize the ownership structure and change the terms of the authorized stock capitalization of Horizon or any Non-Exempt Subsidiaries, without further Commission approval. In particular, National, Horizon or any Non-Exempt Subsidiary proposes to sell, contribute, or distribute by dividend the equity securities of one company to another. To the extent that these transactions are not exempt under the Act, Applicants propose to consolidate or reorganize, under any Intermediate Subsidiary, Horizon's ownership interests in existing and future nonutility subsidiaries. Further, Applicants request authorization for the purchasing company in a transaction structured as a sale of equity securities or assets to issue promissory notes evidencing all or a portion of the consideration given. It is stated that each transaction will comply with the applicable United States or foreign laws and accounting requirements and that the consideration for any sales transaction will equal the book value of the equity securities being sold. Finally, National, Horizon, or any Non-Exempt Subsidiary propose to change at any time the authorized number of shares or classes of shares of capital stock or the par value of any shares of capital stock of Horizon or any Non-Exempt Subsidiary, provided that the consent of all other shareholders is obtained in the case of a partially owned Non-Exempt Subsidiary.

Horizon, directly or indirectly through any subsidiary, requests authority to provide engineering, operating, maintenance, consulting and other technical support services (''Consulting Services'') to third parties, including foreign governmental bodies, for energy projects. Consulting Service may include technology assessments, power factor correction and harmonics mitigation analysis, meter reading and repair, rate schedule design and analysis, environmental services, engineering services, billing services, risk management services, communication systems, information systems and data processing, system and strategic planning, finance, feasibility studies and other related services. Horizon requests authority to provide Consulting Services in both the United States and foreign countries at market prices.

Horizon and Non-Exempt Subsidiaries request authority to pay dividends out of capital and unearned surplus and/or reacquire or retire any securities issued to an associate company. It is stated that these transactions will be effected to the extent allowed under applicable law and the terms of any credit or security instruments to which they may be parties.

For the Commission, by the Division of Investment Management, pursuant to delegated authority.

Margaret H. McFarland,

Deputy Secretary.

[FR Doc. 01–27441 Filed 10–31–01; 8:45 am]

BILLING CODE 8010–01–M

[8] Those circumstances include instances in which the company receiving the goods or services is: (1) A FUCO or foreign EWG not deriving any income, directly or indirectly, from the generation, transmission or distribution of electric energy for sale within the United States; (2) an EWG selling electricity to nonassociate companies at market-based rates approved by the Federal Energy Regulatory Commission (''FERC''); (3) a ''qualifying facility'' under the Public Utility Regulatory Policies Act of 1978, as amended (''PURPA''), selling electricity to industrial or commercial customers for their own use at negotiated prices or to electric utility companies at their ''avoided cost'', as defined under PURPA; (4) a domestic EWG or ''qualifying facility'' that sells electricity to nonassociate companies at cost based rates approved by FERC or a state commission; and (5) a Rule 58 Subsidiary or any other Authorized Subsidiary that: (a) is partially owned, provided that the ultimate purchaser of the goods or services is not an associate public utility company or an associate company that primarily provides goods and services to associate public utility companies; (b) is engaged solely in the business of developing, owning, operating and/or providing goods and services to nonutility companies described in items (1) through (4), above; or (c) does not derive, directly or indirectly, any material part of its income from sources within the United States and is not a public utility company operating within the United States.

SECURITIES AND EXCHANGE COMMISSION

[Release No. IC–25245]

Notice of Applications for Deregistration Under Section 8(f) of the Investment Company Act of 1940

October 26, 2001.

The following is a notice of applications for deregistration under section 8(f) of the Investment Company Act of 1940 for the month of October, 2001. A copy of each application may be obtained for a fee at the SEC's Public Reference Branch, 450 Fifth St., NW, Washington, DC 20549–0102 (tel. 202–942–8090). An order granting each application will be issued unless the SEC orders a hearing. Interested persons may request a hearing on any application by writing to the SEC's Secretary at the address below and serving the relevant applicant with a copy of the request, personally or by mail. Hearing requests should be received by the SEC by 5:30 p.m. on November 12, 2001, and should be accompanied by proof of service on the applicant, in the form of an affidavit or, for lawyers, a certificate of service. Hearing requests should state the nature of the writer's interest, the reason for the

request, and the issues contested. Persons who wish to be notified of a hearing may request notification by writing to the Secretary, SEC, 450 Fifth Street, NW, Washington, DC 20549–0609. For Further Information Contact: Diane L. Titus, at (202) 942–0564, SEC, Division of Investment Management, Office of Investment Company Regulation, 450 Fifth Street, NW, Washington, DC 20549–0506.

4 Winds Family of Funds [File No. 811–10099]

Summary: Applicant seeks an order declaring that it has ceased to be an investment company. On September 18, 2001, applicant made a liquidating distribution to its shareholders based on net asset value. Applicant incurred no expenses in connection with the liquidation.

Filing Date: The application was filed on September 21, 2001.

Applicant's Address: 5800 Corporate Dr., Pittsburgh, PA 15237–7000.

First Choice Funds Trust (File No. 811–7681]

Summary: Applicant seeks an order declaring that it has ceased to be an investment company. On May 17, 2001, applicant made a final liquidating distribution to its shareholders based on net asset value. Expenses of $58,000 incurred in connection with the liquidation were paid by First American Capital Management, Inc., applicant's investment adviser.

Filing Dates: The application was filed on September 24, 2001, and amended on October 22, 2001.

Applicant's Address: c/o PFPC Inc., 4400 Computer Drive, P.O. Box 5176, Westborough, MA 01581.

Neuberger Berman Equity Trust [File No. 811–7784]; Neuberger Berman Equity Assets [File No. 811–8106]; Neuberger Berman Equity Series [File No. 811–9011]

Summary: Each applicant seeks an order declaring that it has ceased to be an investment company. On December 15, 2000, each applicant transferred its assets to Neuberger Berman Equity Funds based on net asset value. Expenses of $400,342, $25,626 and $1,701, respectively, incurred in connection with the reorganizations were paid by each applicant.

Filing Date: The applications were filed on October 18, 2001.

Applicants' Address: 605 Third Ave., 2nd Floor, New York, NY 10158–0180.

The Pillar Funds [File No. 811–6509]

Summary: Applicant seeks an order declaring that it has ceased to be an investment company. By August 27, 2001, each series of applicant transferred its assets to a corresponding series of Galaxy Fund or Galaxy Fund II, based on net asset value. Expenses of $692,397 incurred in connection with the reorganization were paid by applicant and Fleet Investment Advisors Inc., applicant's investment adviser.

Filing Date: The application was filed on September 28, 2001.

Applicants' Address: 101 Federal St., Boston, MA 02112.

Scottish Widows International Fund [File No. 811–6019]

Summary: Applicant seeks an order declaring that it has ceased to be an investment company. On May 30, 1997, applicant transferred its assets to Federal International Equity Fund, a portfolio of International Series, Inc., based on net asset value. Applicant incurred no expenses in connection with the reorganization.

Filing Date: The application was filed on September 21, 2001.

Applicant's Address: Penn Square Management Corporation, 2650 Westview Dr., Wyomissing, PA 19610.

West University Fund, Inc. [File No. 811–9124]

Summary: Applicant seeks an order declaring that it has ceased to be an investment company. On March 16, 2000, applicant made a liquidating distribution to its shareholders based on net asset value. Applicant incurred no expenses in connection with the liquidation.

Filing Date: The application was filed on October 11, 2001.

Applicant's Address: 3030 University Blvd., Houston, TX 77005.

INVESCO Global Health Sciences Fund [File No. 811–6476]

Summary: Applicant, a closed-end investment company, seeks an order declaring that it has ceased to be an investment company. On May 15, 2001, applicant transferred its assets to INVESCO Advantage Global Health Sciences Fund, a series of INVESCO Counselor Series Funds, Inc., based on net asset value. Expenses of $191,690 incurred in connection with the reorganization were paid by applicant.

Filing Date: The application was filed on September 21, 2001.

Applicant's Address: 7800 E. Union Ave., Denver, CO 80237.

William Penn Interest Income Fund [File No. 811–5177]

Summary: Applicant seeks an order declaring that it has ceased to be an investment company. On May 30, 1997, applicant transferred the assets of its portfolios to corresponding portfolios of Federated Municipal Securities Income Trust, Federated Investment Series Funds, Inc., Money Market Obligations Trust, and Federated Fund For U.S. Government Securities, Inc., based on net asset value. Applicant incurred no expenses in connection with the reorganization.

Filing Date: The application was filed on September 21, 2001.

Applicant's Address: Penn Square Management Corporation, 2650 Westview Dr., Wyomissing, PA 19610.

Alliance Income Builder Fund, Inc. [File No. 811–6372]

Summary: Applicant seeks an order declaring that it has ceased to be an investment company. On November 13, 1998, applicant transferred its assets to Alliance Balanced Shares, Inc. based on net asset value. Applicant incurred no expenses in connection with the reorganization.

Filing Date: The application was filed on September 28, 2001.

Applicant's Address: 1345 Avenue of the Americas, New York, NY 10105.

Alliance Limited Maturity Government Fund, Inc. [File No. 811–6627]; Alliance Mortgage Securities Income Fund, Inc. [File No. 811–3829]

Summary: Each applicant seeks an order declaring that it has ceased to be an investment company. On December 8, 2000 and December 15, 2000, respectively, each applicant transferred its assets to Alliance Bond Fund, Inc.—U.S. Government Portfolio based on net asset value. Applicants incurred no expenses in connection with the reorganizations.

Filing Date: The applications were filed on September 27, 2001.

Applicants' Address: 1345 Avenue of the Americas, New York, NY 10105.

Alliance World Income Trust, Inc. [File No. 811–6205]; Alliance Short Term Multi Market Trust, Inc. [File No. 811–5771]

Summary: Each applicant seeks an order declaring that it has ceased to be an investment company. On October 16, 1998 and November 13, 1998, respectively, each applicant transferred its assets to Alliance Multi-Market Strategy Trust, Inc. based on net asset value. Applicants incurred no expenses in connection with the reorganizations.

Filing Dates: The applications were filed on September 28, 2001 and September 27, 2001, respectively.

Applicants' Address: 1345 Avenue of the Americas, New York, NY 10105.

Alliance Tax-Free Shares, Inc. [File No. 811–2717]; Alliance Insured California Tax Exempt Shares, Inc. [File No. 811–4359]

Summary: Each applicant seeks an order declaring that it has ceased to be an investment company. On July 10, 1987, each applicant transferred its assets to Alliance High Bracket Tax-Free Income Fund, Inc., and Alliance Tax-Free Income Fund, Inc, respectively, each a series of Alliance Municipal Income Fund, Inc., based on net asset value. Applicants incurred no expenses in connection with the reorganizations.

Filing Date: The applications were filed on September 28, 2001.

Applicants' Address: 1345 Avenue of the Americas, New York, NY 10105.

Van Wagoner Private Opportunities Fund, L.P. [File No. 811–10279];

Summary: Applicant, a closed-end investment company, seeks an order declaring that it has ceased to be an investment company. Applicant has never made a public offering of its securities and does not propose to make a public offering. Applicant will continue to operate as a private investment company in reliance on section 3(c)(1) of the Act.

Filing Dates: The applications were filed on August 10, 2001 and amended on October 5, 2001.

Applicants' Address: 345 California Street, Suite 2450, San Francisco, CA 94104.

Blanchard Precious Metals Fund, Inc. [File No. 811–5303]

Summary: Applicant seeks an order declaring that it has ceased to be an investment company. On February 27, 1998, applicant transferred its assets to Keystone Precious Metals Holdings, Inc. based on net asset value. Applicant incurred no expenses in connection with the reorganization.

Filing Dates: The applications was filed on August 31, 2001, and amended on October 10, 2001.

Applicants' Address: 5800 Corporate Dr., Pittsburgh, PA 15237–7000.

Ameritor Industry Fund [File No. 811–855]

Summary: Applicant seeks an order declaring that it has ceased to be an investment company. On March 7, 2001, applicant made a liquidating distribution to its shareholders based on net asset value. As of October 17, 2001, applicant had 351 shareholders who have not redeemed their shares. First Union National Bank is holding the unclaimed shareholder assets. Applicant intends to liquidate each remaining shareholder's interest by canceling each remaining shareholder certificate and sending each such shareholder a check representing their remaining interest in applicant. Expenses of approximately $7,647 incurred in connection with the liquidation were paid by applicant.

Filing Dates: The application was filed on July 23, 2001 and amended on October 17, 2001.

Applicants' Address: 4400 MacArthur Blvd., NW, Suite 301, Washington, DC 20007–2521.

Phoenix-Goodwin Multi-Sector Fixed Income Fund, Inc. [File No. 811–5909]

Summary: Applicant seeks an order declaring that it has ceased to be an investment company. On October 30, 2000, applicant transferred its assets to Phoenix-Goodwin Multi-Sector Short Term Bond Fund, a series of Phoenix Multi-Series Trust, based on net asset value. Expenses of $70,382 incurred in connection with the reorganization were paid by the acquiring fund and Phoenix Investment Partners, Ltd.

Filing Date: The application was filed on June 12, 2001.

Applicants' Address: 101 Munson St., Greenfield, MA 01301.

For the Commission, by the Division of Investment Management, pursuant to delegated authority.

Margaret H. McFarland,

Deputy Secretary.

[FR Doc. 01–27418 Filed 10–31–01; 8:45 am]

BILLING CODE 8010–01–M

SECURITIES AND EXCHANGE COMMISSION

[Rel. No. IC–25246; 812–12652]

Citizens Funds, et al; Notice of Application

October 26, 2001.

AGENCY: Securities and Exchange Commission (''Commission'').

ACTION: Notice of application for an order under section (c) of the Investment Company Act of 1940 (the ''Act'') for an exemption from section 15(a) of the Act and rule 18f–2 under the Act.

SUMMARY OF APPLICATION: Applicants request an order that would permit them to enter into and materially amend subadvisory agreements without shareholder approval.

APPLICANTS: Citizens Funds (the ''Trust'') and Citizens Advisers, Inc. (the ''Adviser'').

FILING DATES: The application was filed on October 2, 2001 and amended on October 24, 2001.

HEARING OR NOTIFICATION OF HEARING: An order granting the requested relief will be issued unless the Commission orders a hearing. Interested persons may request a hearing by writing to the Commission's Secretary and serving applicants with a copy of the request, personally or by mail. Hearing requests should be received by the Commission by 5:30 p.m. on November 20, 2001 and should be accompanied by proof of service on applicants, in the form of an affidavit or, for lawyers, a certificate of service. Hearing requests should state the nature of the writer's interest, the reason for the request, and the issues contested. Persons who wish to be notified of a hearing may request notification by writing to the Commission's Secretary.

ADDRESSES: Secretary, Commission, 450 Fifth Street, NW., Washington, DC 20549–0609. Applicants, John L. Shields, President, Citizens Advisers, Inc., 230 Commerce Way, Portsmouth, NH 03801.

FOR FURTHER INFORMATION CONTACT: Jaea, F. Hahn, Senior Counsel (202) 942–0614, or Nadya B. Royblat, Assistant Director (202) 942–0564 (Office of Investment Regulation, Division of Investment Management).

SUPPLEMENTARY INFORMATION: The following is a summary of the application. The complete application may be obtained for a fee at the Commission's Public Reference Branch, 450 Fifth Street, NW, Washington, DC 20549–0102 (tel. 202–942–8090).

Applicants' Representations

1. The Trust is a Massachusetts business trust registered under the Act as an opened management investment company. The Trust currently has eight separate series (each a ''Fund'', and collectively, the ''Funds'').[1] The Adviser, a New Hampshire corporation, is registered as an investment adviser under the Investment Advisers Act of 1940 (''Advisers Act'').

2. The Trust has entered into an investment advisory agreement with the Adviser with respect to each of the Funds (the ''Advisory Agreement''). The Adviser manages the assets of the Funds and performs various administrative

[1] The applicants request that any relief granted pursuant to the application also apply to future series of the Trust and any other registered open-end management investment company or series thereof advised by the Adviser or a person controlling, controlled by, or under common control with the Adviser that operates in substantially the same manner as the Trust with respect to the Adviser/Subadviser structure and complies with the terms and conditions of the application. (together, ''Future Funds'', included in the term ''Funds''). No fund will contain in its name the name of any Subadviser, as defined below.

duties for the Trust. The Advisory Agreement has been approved by shareholders of each of the Funds and by the Trust's board of trustees (the ''Board''), including a majority of the Board members who are not ''interested persons'' of the Trust, the Adviser or any Subadviser within the meaning of section 2(a)(19) of the Act (the ''Independent Trustees''). The Adviser has engaged subadvisers (''Subadvisers'') to handle the day-to-day portfolio management of certain of the Funds. Each Subadviser performs services pursuant to a written subadvisory agreement with the Trust and the Adviser (''Subadvisory Agreement''). Each Subadvisor Agreement allows the Subadviser discretionary authority to invest all (or the portion assigned to it) of the assets of a particular Fund, subject to general supervision by the Adviser and the Board. Each of the existing Subadvisers is registered as an investment adviser under the Advisers Act. Future Subadvisers will be registered or exempt from registration under the Advisers Act. For its services under the Advisory Agreement, the Adviser receives management fees at annual rates based on a percentage of the applicable Fund's average net assets.

3. The Adviser continuously evaluates the performance of each Subadviser, recommends to the Board the appointment of new Subadvisers as circumstances warrant, and negotiates and renegotiates the terms of the Subadviser Agreements, including the subadvisory fees, with the Subadvisers. Each Subadviser is recommended by the Adviser based on a number of factors, and selected and approved by the Board, including a majority of the Independent Trustees. For their services under the Subadvisory Agreements, each of the Subadvisers receives a subadvisory fee from the Adviser. The Subadvisers are not compensated directly by the Funds, but by the adviser out of the fee the Adviser receives from the Funds.

4. Applicants request an order to permit the Trust and the Adviser to enter into new or amended Subadvisory Agreements with Subadvisers without such agreements being approved by the shareholders of the applicable Fund. The requested relief will not extend to a Subadviser that is an ''affiliated person'' (as defined in section 2(a)(3) of the Act) of the Trust or the Adviser, other than by reason of serving as a Subadviser to one of the Funds (''Affiliated Subadviser''). None of the current Subadvisers is an Affiliated Subadviser.

Applicants' Legal Analysis

1. Section 15(a) of the Act provides, in relevant part, that it is unlawful for any person to act as an investment adviser to a registered investment company except under a written contract that has been approved by the vote of a majority of the outstanding voting securities of the company. Rule 18f-2 under the Act provides that individual series funds must each company with the contract approval requirements of section 15(a) of the Act.

2. Section 6(c) of the Act provides that the Commission may exempt any person, security, or transaction or any class or classes of persons, securities, or transactions from any provision of the Act, or from any rule thereunder, if such exemption is necessary or appropriate in the public interest and consistent with the protection of investors and the purposes fairly intended by the policy and provisions of the Act. Applicants request an exemption under section 6(c) of the Act from section 15(a) of the Act and rule 18f-2 thereunder to the extent necessary to permit them to enter into Subadvisory Agreements with Subadvisers, amend existing Subadvisory Agreements with Subadvisers, and approve new Subadvisory Agreement with an existing Subadviser that has been terminated as a result of an ''assignment,'' in each case without such Subadvisory Agreement being approved by shareholders of the applicable Fund or Future Fund.

3. Applicants assert that the shareholders are relying on the Adviser's experience to select one or more Subadvisers best suited to achieve a Fund's desired investment objectives. Applicants assert that, from the prospective of the investor, the role of the Subadvisers is comparable to that of individual portfolio managers employed by other investment advisory firms. Applicants contend that requiring shareholder approval of each Subadvisory Agreement would impose costs and unnecessary delays on the Funds, and may preclude the Adviser from acting promptly in a manner considered advisable by the Board. Applicants note that the Advisory Agreement will remain fully subject to section 15(a) of the Act and rule 18f-2 under the Act, including the requirements for shareholder approval.

Applicants' Conditions

Applicants agree that the order granting the requested relief will be subject to the following conditions:

1. Before a Fund may rely on the order requested in the application, the operation of the Fund in the manner described in the application will be approved by a majority of the outstanding voting securities of the Fund, within the meaning of the Act, or by its initial shareholder, provided that, in the case of approval by the initial shareholder, the pertinent Fund's shareholders will purchase shares on the basis of a prospectus containing the disclosure contemplated by condition 2 below.

2. The Fund's prospectus will disclose the existence, substance and effect of any order granted pursuant to the application. In addition, the Funds will hold themselves out as employing the management structure described in the application. The prospectus with respect to each Fund will prominently disclose that the Adviser has ultimate responsibility (subject to oversight by the Board) to oversee the Subadvisers and recommend their hiring, termination and replacement.

3. The Adviser will provide general management services to each of the Funds relying on the requested order, including overall supervisory responsibility for the general management and investment of each Fund's assets, and subject to the review and approval by the Board, will, as necessary: (a) Set each Fund's overall investment strategies; (b) select Subadvisers; (c) when appropriate, allocate and reallocate each Funds' assets among Subadvisers; (d) monitor and evaluate Subadviser performance; and (e) oversee Subadviser compliance with the investment objectives, policies and restrictions of the applicable Fund by, among other things, implementing procedures reasonably to ensure compliance.

4. At all times, a majority of the Board will be persons who are Independent Trustees, and the nomination of new or additional Independent Trustees will be placed within the discretion of the then existing Independent Trustees.

5. Neither the Adviser nor the Trust will enter into a Subadvisory Agreement with any Affiliated Subadviser without such Subadvisory Agreement, including the compensation to be paid thereunder, being approval by the shareholders of the applicable Fund.

6. When a Subadviser change is proposed for a Fund with an Affiliated Subadviser, the Board, including a majority of the Independent Trustees, will make a separate finding, reflected in the minutes of the meetings of the Board, that such change is in the best interests of the applicable Fund and its shareholders and does not involve a conflict of interest from which the Adviser or the Affiliated Subadviser derives an inappropriate advantage.

7. No director, trustee or officer of the Trust or director or officer of the Adviser will own directly or indirectly (other than through a pooled investment vehicle that is not controlled by the director, trustee or officer) any interest in a Subadviser except for ownership of (a) interest in the Adviser or any entity that controls, is controlled by, or is under common control with the Adviser; or (b) less than 1% of the outstanding securities of any class of equity or debt of a publicly-traded company that is either a Subadviser or an entity that controls, is controlled by, or is under common control with a Subadviser.

8. Within 90 days of the hiring of any new Subadviser, the Adviser will furnish the shareholders of the applicable Fund all the information that would have been included in a proxy statement. Such information will include any changes in such information caused by the addition of a new Subadviser. To meet this obligation, the Adviser will provide the shareholders of the applicable Funds with an information statement meeting the requirements of Regulation 14C and Schedule 14C under the Securities Exchange Act of 1934, as well as the requirements of Item 22 of Schedule 14A under that Act.

For that Commission, by the Division of Investment Management, under delegated authority.

Margaret H. McFarland,

Deputy Secretary.

[FR Doc. 01–27440 Filed 10–31–01; 8:45 am]

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SECURITIES AND EXCHANGE COMMISSION

[Release No. 34–44987; File No. SR–EMCC–2001–03]

Self-Regulatory Organizations; Emerging Markets Clearing Corporation; Order Granting Accelerated Approval of a Proposed Rule Change Relating to Arrangements To Integrate Emerging Markets Clearing Corporation and the Depository Trust & Clearing Corporation

October 25, 2001.

On August 22, 2001, the Emerging Markets Clearing Corporation (''EMCC'') filed with the Securities and Exchange Commission (''Commission'') pursuant to section 19(b)(1) of the Securities Exchange Act of 1934 (''Act'') [1] a proposed rule change (File No. EMCC–2001–03) and on October 24, 2001, amended the proposed rule change.[2] Notice of the proposal was published in the **Federal Register** on October 10, 2001.[3] No comment letters were received. For the reasons discussed below, the Commission is approving the proposed rule change.

I. Description

The proposed rule change will modify EMCC's organizational documents to facilitate its integration with the Depository Trust and Clearing Corporation (''DTCC'') (''Plan''). The primary purpose of the Plan, which was approved by EMCC's Board of Directors on July 25, 2001, is to ultimate harmonized the processing streams at EMCC, the Government Securities Clearing Corporation (''GSCC''), the MBS Clearing Corporation (''MBSCC''),[4] The Depository Trust Company, and the National Securities Clearing Corporation (''NSCC'') [5] (collectively, the ''Operating Subsidiaries'') for the clearance and settlement of institutional and broker transactions by integrating all of the Operating Subsidiaries with DTCC. Under the Plan, EMCC and DTCC will take the following initial actions:

(1) *Conduct an Exchange Offer.* DTCC will form a wholly owned subsidiary (''Acquisition Company'') that will make an exchange offer (''Exchange Offer'') for EMCC shares. Under the terms of the Exchange Offer, eligible Class A EMCC shareholders [6] will have the opportunity to exchange their EMCC shares for DTCC common stock.[7] Concurrent with and subject to the effectiveness of the Exchange Offer, EMCC will repurchase the Class A and Class B common sharer held by its trade association shareholders. Subject to the effectiveness of the Exchange Offer, EMCC's trade association shareholders will receive from EMCC in exchange for their Class A and Class B common shares cash in an amount equal to the lesser of (a) Their acquisition cost or (b) the adjusted book value of their shares. EMCC's Class B shareholders will retain their Class B shares (other than the trade association shareholders who will be paid out as provided above) with the same rights to have their shares repurchased for cash as currently provided in EMCC's Amended and Restated Shareholder Agreement (''EMCC Shareholder Agreement'').[8]

Following a successful Exchange Offer, Acquisition Company will be the majority shareholder of EMCC and the Class B and any non-eligible and/or non-tendering Class A EMCC shareholders will remain as minority shareholders in EMCC.

As a matter of DTCC policy, EMCC's retained earnings at the time of (or as of the end of the last full preceding calendar month) the integration of EMCC with DTCC will be dedicated to supporting EMCC's business. Acquisition Company and DTCC will not engage in clearing agency activities. Certain support functions, including human resources, finances, audit, general administration, and corporate communications will continue to be centralized in DTCC and be provided by DTCC to EMCC pursuant to service contracts.

(2) *Change EMCC's Shareholder Agreement.* EMCC's Shareholder Agreement will be amended in connection with the Exchange Offer in order to eliminate any restrictions on transferring EMCC shares to Acquisition Company. Following a successful Exchange Offer, the EMCC Shareholder Agreement will be terminated.

(3) *Select New EMCC's Directors.* DTCC, through its wholly-owned subsidiary, Acquisition Company, will

[1] 15 U.S.C. 78s(b)(1).

[2] The amendment merely clarified that Class B shareholders would be given post integration voting rights for the election of EMCC directors at a rate of one-quarter vote per share. This clarification was made only to ensure the tax-free nature of the integration transaction and the proposal that Class B shareholders would be given limited voting rights was discussed and comment requested on in the notice. Accordingly, republication of the notice of filing is not required.

[3] Securities Exchange Act Release No. 44896 (Oct. 2, 2001), 66 FR 51695.

[4] Pursuant to separate plans for the integration of GSCC and MBSCC and DTCC, it is contemplated that GSCC and MBCC will become operating subsidiaries of DTCC at the same time that EMCC becomes an operating subsidiary of DTCC. However, the integration of EMCC and DTCC is not contingent on the integration of GSCC and MBSCC with DTCC and vice versa. Securities Exchange Act Release Nos. 44895 (Oct. 2, 2001), 66 FR 51698 (Oct. 10, 2001); 44989 (Oct. 25, 2001) [File No. SR–GSCC–2001–11]; 44838 (Sept. 24, 2001), 66 FR 51701 (Oct. 10, 2001); 44988 (Oct. 25, 2001) [File No. SR–MBSCC–2001–01].

[5] DTC and NSCC are already wholly owned subsidiaries of DTCC.

[6] EMCC Class A shareholders eligible to participate in the Exchange Offer include EMCC Class A shareholders that are members or affiliates of members of EMCC, GSCC, MBSCC, DTC, or NSCC.

[7] The share exchange rate will be based on the adjusted book values of EMCC and DTCC. The adjusted book value of EMCC will equal book value less the retained earnings of EMCC at the time of (or as of the end of the last full preceding calendar month) the integration of EMCC with DTCC. The adjusted book value of DTCC will equal book value less the smaller of (i) the retained earnings of DTCC attributable to NSCC's retained earnings at the time of the integration of NSCC and DTC with DTCC in 1999 or (ii) the retained earnings of DTCC attributable to the retained earnings of NSCC at the time of (or as of the last full preceding calendar month) the integration of EMCC with DTCC.

[8] In addition and subject to the effectiveness of the Exchange Offer, holders of Class B shares will be provided with the limited right to vote for the election of EMCC Directors.

elect as directors of EMCC the persons elected by the shareholders of DTCC to be the directors of DTCC.[9] EMCC will continue to exist as a separate registered clearing agency and will operate essentially as it currently does by offering its own services to its own members pursuant to separate legal arrangements and separate risk management procedures.

As a part of the integration, a structure will be implemented that is designed to ensure that the Operating Subsidiaries satisfy the fair representation requirement of section 17A(b)(3)(C) of the Act.[10] Specifically, the DTCC shareholders, consisting of the current DTCC shareholders and EMCC's, MBSCC's, and GSCC's shareholders that become shareholders of DTCC as a result of the Plan, will elect the persons to serve on DTCC's Board of Directors. These individuals will, in turn, be selected by DTCC to serve as the directors of each of the Operating Subsidiaries. On a periodic basis to be determined by the DTCC Board, rights to purchase DTCC common stock will be reallocated to shareholders based upon their usage of one or more of the Operating Subsidiaries. Shareholders may, but will not be obligated to, purchase some or all of the DTCC common stock to which they are entitled. Holders of DTCC common stock will be entitled to cumulative voting in the election of directors.

(4) *Form New Committees.* DTCC's existing International Operations and Planning Committee will include representatives of EMCC members. The International Operations and Planning Committee will advise the DTCC Board and management on its policies and procedures with respect to the international products and/or services of the Operating Subsidiaries, including EMCC, and will have certain other responsibilities to be assigned to the Committee. In addition, EMCC will continue to have a Membership and Risk Committee that will include representatives of EMCC's members. The EMCC membership and Risk Committee will advise EMCC's Board of Directors and management with respect to membership, credit matters, and risk matters and will have certain other responsibilities assigned to it.

(5) *Change DTCC's and EMCC's Governing Documents.* DTCC's Certificate of Incorporation, By-Laws and Shareholders Agreement (''Basic Documents'') will be amended to extend to the shareholders of EMCC, MBSCC, and GSCC that become shareholders of DTCC as a result of the Exchange Offer the rights to the shareholders of DTCC currently have and, in particular, to satisfy the fair representation requirement of the Exchange Act. The Basic Documents will provide the following:

- The persons elected as directors to the DTCC Board will also serve as the directors of each of the Operating Subsidiaries, including EMCC.
- Other than, as is currently the case, one director appointed to the DTCC Board by the New York Stock Exchange, Inc., as the owner of DTCC preferred stock, and one director appointed to the DTCC Board by the National Association of Securities Sealers, Inc., as an owner of DTCC preferred stock, all directors will be elected annually by the owners of DTCC common stock.
- The rights to purchase DTCC common stock will be reallocated to the users of each of the Operating subsidiaries based upon their usage. Under the Basic Documents, these rights will be reallocated on a periodic basis to be determine by DTCC's Board and in accordance with the DTCC Shareholders Agreement. DTCC common stock.
- DTCC's directors.
- Each year DTCC Board will appoint a nominating committee that may include both members and non-members of the DTCC Board. After soliciting suggestions from all users of each of the Operating Subsidiaries of possible nominees to fill vacancies on the DTCC Board, the nominating committee will recommend a slate of nominees for the full DTCC Board. The DTCC Board may make changes in that slate before submitting nominations to the holders of DTCC common stock for election. The election ballot included in the proxy materials will provide an opportunity for stockholders to cast their votes for a person not listed as a nominee. Because the Basic Documents will provide for cumulative voting, certain large holders of DTCC common stock may have a sufficient number of shares to elect a person not on the slate nominated for election by the DTCC Board.

In addition, EMCC's Certificate of Incorporation and By-Laws will be revised to reflect the changes in EMCC's corporate governance structure and to include certain other changes so that these documents conform to the Certificates of Incorporation and By-Laws of GSCC and MBSCC, so as to promote efficiency in the governance of the Operating Subsidiaries upon completion of the Plan. EMCC's Certificate of Incorporation shall be amended as follows:

- Its operative provisions, which currently are contained in the original Certificate and several amendments, will be restated into a single composite Amended and Restated Certificate of Incorporation and reordered and renumbered as appropriate.
- In Article 3 (as renumbered), the provisions relating to the Class B common shares will be modified to provide such shares with limited voting rights. These shares will have the right to vote, with the Class A common shares voting together as a single Class, for the election of directors.
- A new Article 4 will be inserted to provide that, in accordance with New York Business Corporation Law, EMCC shareholders may take action by written consent without a meeting and without unanimity as long as such consent is signed by the holders of outstanding shares having not less than the minimum number of votes that would be necessary to authorize or take such action at a meeting at which all shares entitled to vote thereon were present and voted.
- The supermajority voting provisions currently contained in Article 6 will be deleted since they will be unnecessary because DTCC, through its wholly-owned subsidiary, Acquisition Company, will be the controlling shareholder of EMCC.
- A new Article 6 will be added to limit the liability of the directors to EMCC and its shareholders for any breach of duty provided such limitation is consistent with the provisions of the New York Business Corporation Law.

Since after the proposed integration, DTCC through its wholly-owned subsidiary, Acquisition Company, will be the majority shareholder of EMCC, the current By-Laws of EMCC will be replaced with a set of By-Laws that generally conform to NSCC's By-Laws.[11]

II. Discussion

The Commission finds that EMCC's proposed rule change is consistent with

[9] Given that EMCC's initial post-integration board would be elected upon the effectiveness of the integration plan, EMCC has determined to postpone its 2001 annual election of directors, which would normally occur near calendar year-end, with the current Board remaining in office until the Plan is effectuated. Should the Plan not become effective by March 31, 2002, EMCC will call an annual meeting for the election of directors pursuant to its current procedures.

[10] 15 U.S.C. 78–q(b)(3)(C).

[11] EMCC's By-Laws will differ from NSCC's By-Laws in that (i) all references will be gender-neutral, (ii) the requirement in Section 3.3 that the President shall be the Chief Executive Officer will be deleted, (iii) the number of directors shall be between fifteen and twenty-five as determined by the Board, and (iv) Sections 1.2 and Article VIII will provide that a majority of the outstanding shares may call a special shareholders meeting and may amend EMCC's By-Laws.

the requirements of the Act and the rules and regulations thereunder and particularly with the requirements of section 17A(b)(3)(C) [12] of the Act. Section 17A(b)(3)(C) requires that a clearing agency's rules assure the fair representation of its shareholders (or members) and participants in the selection of its direction and administration of its affairs. The Commission finds that EMCC's proposal is consistent with this requirement because the integration plan should provide EMCC members with a reasonable opportunity to acquire common stock in DTCC based on their use of EMCC and should provide EMCC members through their holding of DTCC stock with adequate and fair representation in the selection of EMCC's directors and in the administration of EMCC's affairs. Furthermore, EMCC members will have an opportunity to advise DTCC through the International Operations and Planning Committee and Membership and Risk Committee that will include EMCC members.

EMCC has requested that the Commission find good cause for approving the proposed rule change prior to the thirtieth day after the date of publication of notice of filing. The Commission finds good cause for approving the proposed rule change prior to the thirtieth day after the date of publication of notice of filing because such approval will allow EMCC to begin its integration in accordance with the schedule for the integration of EMCC, MBSCC, and GSCC with DTCC. The Commission is approving the proposed rule change prior to the end of the comment period in order that EMCC may begin its integration in accordance with the schedule for the integration of EMCC, MBSCC, and GSCC with DTCC.

III. Conclusion

On the basis of the foregoing, the Commission finds that the proposal is consistent with the requirements of the Act and in particular with the requirements of section 17A of the Act and the rules and regulations thereunder.

It is therefore ordered, pursuant to section 19(b)(2) of the Act, that the proposed rule change (File No. SR–EMCC–2001–03) be, and hereby is approved.

[12] 15 U.S.C. 78q–1(b)(3)(C).

For the Commission by the Division of Market Regulation, pursuant to delegated authority.[13]

Margaret H. McFarland,

Deputy Secretary.

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SECURITIES AND EXCHANGE COMMISSION

[Release No. 34–44989; File No. SR–GSCC–2001–11]

Self-Regulatory Organizations; Government Securities Clearing Corporation; Order Granting Accelerated Approval of A Proposed Rule Change Relating to Arrangements to Integrate Government Securities Clearing Corporation and The Depository Trust & Clearing Corporation

October 25, 2001.

On August 22, 2001, the Government Securities Clearing Corporation (''GSCC'') filed with the Securities and Exchange Commission (''Commission'') pursuant to section 19(b)(1) of the Securities Exchange Act of 1934 (''Act'') [1] a proposed rule change (File No. GSCC–2001–11), Notice of the proposal was published in the **Federal Register** on October 10, 2001.[2] No comment letters were received. For the reasons discussed below, the Commission is approving the proposed rule change.

I. Description

The proposed rule change will modify GSCC's organizational documents to facilitate its integration with the Depository Trust and Clearing Corporation (''DTCC'') (''Plan''). The primary purpose of the Plan, which was approved by GSCC's Board of Directors on July 24, 2001, is to ultimately harmonize the processing streams at GSCC, the MBS Clearing Corporation (''MBSCC''),[3] the Emerging Markets Clearing Corporation (''EMCC''),[4] The Depository Trust Company, and the National Securities Clearing Corporation (''NSCC'') [5] (collectively, the ''Operating Subsidiaries'') for the clearance and settlement of institutional and broker transactions by integrating all of the Operating Subsidiaries with DTCC. Under the Plan, GSCC and DTCC will take the following initial actions:

(1) *Conduct an Exchange Offer.* DTCC will form a wholly-owned subsidiary (''Acquisition Company'') that will make an exchange offer (''Exchange Offer'') for GSCC shares. Under the terms of the Exchange Offer, GSCC shareholders will have the opportunity to exchange their GSCC common stock for DTCC common stock.[6] Following a successful Exchange Offer, the GSCC Shareholder Agreement will be terminated. Acquisition Company will be the majority or sole (depending on whether all GSCC shareholders tender their shares) shareholder of GSCC, and any non-tendering GSCC shareholders will remain as minority shareholders of GSCC.

As a matter of DTCC policy, GSCC's retained earnings at the time of (or as of the end of the last preceding calendar month) the integration of GSCC with DTCC will be dedicated to supporting GSCC's business. Acquisition Company and DTCC will not engage in clearing agency activities. Certain support functions, including human resources, finances, audit, general administration, and corporate communications will continue to be centralized in DTCC and be provided by DTCC to GSCC pursuant to service contracts.

(2) *Change GSCC's Shareholder Agreement.* GSCC's Shareholder Agreement will be amended in connection with the Exchange Offer in order to eliminate any restrictions on transferring GSCC shares to Acquisition Company.

(3) *Select New GSCC's Directors.* DTCC, through its wholly-owned subsidiary, Acquisition Company, will elect as directors of GSCC the persons

[13] 17 CFR 200.30–3(a)(12).

[1] 15 U.S.C. 78s(b)(1).

[2] Securities Exchange Act Release No. 44895 (Oct. 2, 2001), 66 FR 51698.

[3] Because of the current functional integration of operations of GSCC and MBSCC, the integration of GSCC with DTCC is contingent upon the successful integration of MBSCC with DTCC and vice versa. Securities Exchange Act Release Nos. 44838 (Sept. 24, 2001), 66 FR 51695; 44988 (Oct. 25, 2001) [File No. SR–MBSCC–2001–01].

[4] Pursuant to a separate plan for the integration of EMCC with DTCC, it is contemplated that EMCC will become an operating subsidiary of DTCC at the same time that GSCC and MBSCC become operating subsidiaries of DTCC. However, the integration of GSCC and MBSCC with DTCC is not contingent on the integration of EMCC with DTCC and vice versa. Securities Exchange Act Release Nos. 44896 (Oct. 2, 2001), 66 FR 51695 (Oct. 10, 2001); 44987 (Oct. 25, 2001) [File No. SR–EMCC–2001–03].

[5] DTC and NSCC are already wholly owned subsidiaries of DTCC.

[6] The share exchange rate will be based on the adjusted book values of GSCC and DTCC. The adjusted book value of GSCC will equal book value less the retained earnings of GSCC at the time of (or as of the end of the last full preceding calendar month) the integration of GSCC with DTCC. The adjusted book value of DTCC will equal book value less the smaller of (i) the retained earnings of DTCC attributable to NSCC's retained earnings at the time of the integration of NSCC and DTC with DTCC in 1999 or (ii) the retained earnings of DTCC attributable to the retained earnings of NSCC at the time of (or as of the last full calendar month preceding) the integration of GSCC with DTCC.

elected by the shareholders of DTCC to be the directors of DTCC.[7] GSCC will continue to exist as a separate registered clearing agency and will operate essentially as it currently does by offering its own services to its own members pursuant to separate legal arrangements and separate risk management procedures.

As a part of the integration, a structure will be implemented that is designed to ensure that the Operating Subsidiaries satisfy the fair representation requirement of section 17A(b)(3)(C) of the Act.[8] Specifically, the DTCC shareholders, consisting of the current DTCC shareholders and GSCC's, MBSCC's, and EMCC's shareholders that become shareholders of DTCC as a result of the Plan, will elect the persons to serve on DTCC's Boards of Directors. These individuals will, in turn, be selected by DTCC to serve as the directors of each of the Operating Subsidiaries. On a periodic basis to be determined by the DTCC Board, rights to purchase DTCC common stock will be reallocated to shareholders based upon their usage of one or more of the Operating Subsidiaries. Shareholders may, but will not be obligated to, purchase some or all of the DTCC common stock to which they are entitled. Holders of DTCC common stock will be entitled to cumulative voting in the election of directors.

(4) *Form New Committees.* DTCC will create a Fixed Income Operations and Planning Committee that will include representatives of members of GSCC and MBSCC. The Fixed Income Operations and Planning Committee will advise the DTCC Board and management on its policies and procedures with respect to fixed income products and services of the Operating Subsidiaries and will have certain other responsibilities to be assigned to the Committee. GSCC and MBSCC will also establish a joint GSCC/MBSCC Membership and Risk Management Committee that will include representatives of participants of GSCC and MBSCC. The joint GSCC/MBSCC Membership and Risk Management Committee will advise GSCC's and MBSCC's Board of Directors and management with respect to membership, credit, and risk matters and will have certain other responsibilities assigned to it.

(5) *Change DTCC's and GSCC's Governing Documents.* DTCC's Certificate of Incorporation, By-Laws, and Shareholders Agreement (''Basic Documents'') will be amended to extend to the shareholders of GSCC, MBSCC, and EMCC that become DTCC shareholders as a result of the Exchange Offer the rights that DTCC's shareholders currently have and, in particular, to satisfy the fair representation requirement. The Basic Document will provide the following:

- The persons elected as directors to the DTCC Board will also serve as the directors of each of the Opening Subsidiaries, including GSCC.
- Other than, as is currently the case, one director appointed to the DTCC Board by the New York Stock Exchange, Inc., as an owner of DTCC preferred stock, and one director appointed to the DTCC Board by the National Association of Securities Dealers, Inc., as the owner of DTCC preferred stock, all directors will be elected annually by the owners of DTCC common stock.
- The rights to purchase DTCC common stock will be reallocated to the users of each of the Opening Subsidiaries based upon their usage. Under the Basic Documents, these rights will be reallocated on a periodic basis to be determined by DTCC's Board and in accordance with the DTCC Shareholders Agreement.
- DTCC common stock owners will be able to exercise cumulative voting in the election of DTCC's directors.
- Each year the DTCC Board will appoint a nominating committee that may include both members and non-members of the DTCC Board. After soliciting suggestions from all users of each of the Operating Subsidiaries of possible nominees to fill vacancies on the DTCC Board, the nominating committee will recommend a slate of nominees for the full DTCC Board. The DTCC board may make changes in that slate before submitting nominations to the holders of DTCC common stock for election. The election ballot included in the proxy materials will provide an opportunity for stockholders to cast their votes for a person not listed as a nominee. Because the Basic Documents will provide for cumulative voting, certain large holders of DTCC common stock may have a sufficient number of shares to elect a person not on the slate nominated for election by the DTCC Board.

GSCC's Certificate of Incorporation and By-Laws will be revised to reflect the changes in GSCC's corporate governance structure. GSCC's Certificate of Incorporation shall be amended and restated in accordance with Section 807 of the New York Business Corporation Law as follows:

- Current Article 2 of the Certificate of Incorporation will be revised to state that the purposes for which GSCC is formed are to engage in any lawful act or activity for which corporations may be organized under New York Business Corporation Law, provided, however, that GSCC is not formed to engage in any act or activity requiring the consent or approval of any state official, department, board, agency, or other body without first obtaining the consent of such body.
- The supermajority voting provisions previously contained in Article 3 will be deleted since they will be unnecessary because DTCC through its wholly-owned subsidiary, Acquisition Company, will be the controlling shareholder of GSCC.
- Current article 4 of the Certificate of Incorporation, which provides for removal of directors by shareholders, will be deleted as redundant because the By-Laws contain a substantially similar provision.
- Because there are no Class B common shares currently outstanding and because there are no plans to issue any such shares prior to or subsequent to the proposed integration, Article 5 (as revised, Article 3) of the Certificate of Incorporation will be modified to eliminate Class B shares. Because GSCC will no longer have any Class A shares, will be deleted. Article 7 (as revised, Article 5) will be amended to eliminate the references to classes of shares.
- A new Article 4 will be inserted to provide that GSCC shareholders may take action by written consent without a meeting as long as such consent is signed by the holders of outstanding shares having no less than the minimum number of votes that would be necessary to authorize or take such action at a meeting at which all shares entitled to vote thereon were present and voted.
- A new Article 6 will be inserted to limit liability of the directors to GSCC and its shareholders for any breach of duty provided that such limitation is consistent with the provisions of the New York Business Corporation Law.
- 8A, 8B, and 9 will be eliminated because most of the content of those articles is no longer relevant or will not be relevant after the proposed integration since GSCC will have a controlling shareholder, DTCC through its wholly-owned subsidiary Acquisition Company. GSCC's Rules currently address the subject of

[7] Given that GSCC's initial post-integration board would be elected upon the effectiveness of the integration plan, GSCC has determined to postpone its 2001 annual election of directors, which would normally occur near calendar year-end, with the current Board remaining in office until the Plan is effectuated. Should the Plan not become effective by March 31, 2002, GSCC will call an annual meeting for the election of directors pursuant to its current procedures.

[8] 15 U.S.C. 78q–1(b)(3)(C).

allocation of liability of failed participants.[9]

• Article 10, which refers to the election of the Vice Chairman of the Board pursuant to a shareholder agreement, will be deleted because the GSCC Shareholder Agreement will be terminated as part of the proposed integration.

After the proposed integration, Acquisition Company, which is wholly owned by DTCC, will be the majority of sole (depending on whether all current GSCC shareholders tender their shares under the Exchange Offer) shareholder of GSCC. In order to promote efficiency in the governance of the Operation Subsidiaries after the Plan is completed, GSCC's current By-Laws will be placed with a set of By-Laws that generally conform to NSCC's By-Laws.[10]

II. Discussion

The Commission finds that GSCC's proposed rule change is consistent with the requirements of the Act and the rules and regulations thereunder and particularly with the requirements of section 17A(b)(3)(C)[11] of the act. Section 17A(b)(3)(C) requires that a clearing agency's rules assure the fair representation of its shareholders (or members) and participants in the selection of its direction and administration of its affairs. The Commission finds that GSCC's proposal is consistent with this requirement because the integration plan should provide GSCC members with a reasonable opportunity to acquire common stock in DTCC based on their use of GSCC and should provide GSCC members through their holding of DTCC stock with adequate and fair representation in the selection of GSCC's directors and in the administration of GSCC's affairs. Furthermore, GSCC members will have an opportunity to advise DTCC through the new Fixed Income Operations and Planning Committee and Membership and through the Risk Management Committee that will be composed, in part, of GSCC members.

GSCC has requested that the Commission find good cause for approving the proposed rule change prior to the thirtieth day after the date of publication of notice of filing. The Commission finds good cause for approving the proposed rule change prior to the thirtieth day after the date of publication of notice of filing because such approval will allow GSCC to amend its rules to begin its integration in accordance with the schedule for the integration of GSCC, MBSCC, and EMCC with DTCC. The Commission is approving the proposed rule change prior to the end of the comment period in order that GSCC may begin its integration in accordance with the schedule for the integration of GSCC, MBSCC, and EMCC with DTCC.

III. Conclusion

On the basis of the foregoing, the Commission finds that the proposal is consistent with the requirements of the Act and in particular with the requirements of section 17A of the Act and the rules and regulations thereunder.

It is therefore ordered, pursuant to section 19(b)(2) of the Act, that the proposed rule change (File No. SR–GSCC–2001–11) be, and hereby is approved.

For the Commission, by the Division of Market Regulation, pursuant to delegated authority.[12]

Margaret H. McFarland,

Deputy Secretary.

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BILLING CODE 8010–01–M

[9] GSCC will make a separate rule filing under Section 19(b) of the Act concerning amendments to its Rules to appropriately reflect the integration.

[10] GSCC's By-Laws will differ from NSCC's By-Laws in that (i) all references will be gender-neutral, (ii) Section 1.2 will provide that a majority, rather than twenty-five percent, of all outstanding shares may make a demand to call a special meeting, (iii) Section 1.4 will provide for the ability to notify shareholders of shareholder meetings electronically, (iv) Section 1.2 will set the number of directors at a minimum of fifteen and maximum of twenty-five, rather than twenty-seven, (v) Section 2.1 will provide that the number of directors at any time shall be determined by GSCC's Board of Directors, (vi) Section 2.9 will provide that GSCC's directors that are also GSCC or DTCC officers may not serve on the Audit Committee, (vii) Section 3.1 will state that the GSCC officers will include those required by statute and may include a Chief Executive Officer, (viii) the provision in Section 3.3 that the President shall be the Chief Executive Officer will be eliminated, (ix) the provision in Section 3.4 that Managing Directors shall, upon request, advise and assist the Chief Operating Officer will be eliminated, and (x) Article VIII will provide that a majority of the holders of all outstanding shares, rather than all the holders of all outstanding shares, may amend GSCC's By-Laws.

[11] 15 U.S.C. 78q–1(b)(3)(C).

[12] 17 CFR 200.30–3(a)(12).

SECURITIES AND EXCHANGE COMMISSION

[Release No. 34–44988; File No. SR–MBSCC–2001–01]

Self-Regulatory Organizations; MBS Clearing Corporation; Order Granting Accelerated Approval of a Proposed Rule Change Relating To Arrangements To Integrate MBS Clearing Corporation and The Depository Trust & Clearing Corporation

October 25, 2001.

On August 22, 2001, the MBS Clearing Corporation (''MBSCC'') filed with the Securities and Exchange Commission (''Commission'') pursuant to section 19(b)(1) of the Securities Exchange Act of 1934 (''Act'')[1] a proposed rule change (File No. MBSCC–2001–01). Notice of the proposal was published in the **Federal Register** on October 10, 2001.[2] No comment letters were received. For the reasons discussed below, the Commission is approving the proposed rule change.

I. Description

The proposed rule change will modify MBSCC's organizational documents to facilitate its integration with the Depository Trust and Clearing Corporation (''DTCC'') (''Plan''). The primary purpose of the Plan, which was approved by MBSCC's Board of Directors on July 19, 2001, is to ultimately harmonize the processing streams at MBSCC, the Government Securities Clearing Corporation (''GSCC''),[3] the Emerging Markets Clearing Corporation (''EMCC''),[4] The Depository Trust Company, and the National Securities Clearing Corporation (''NSCC'')[5] (collectively, the ''Operating Subsidiaries'') for the clearance and settlement of institutional and broker transactions by integrating all of the Operating Subsidiaries with DTCC.

[1] 15 U.S.C. 78s(b)(1).

[2] Securities Exchange Act Release No. 44838 (Sept. 24, 2001), 66 FR 51701.

[3] Because of the current functional integration of operations of MBSCC and GSCC, the integration of MBSCC with DTCC is contingent upon the successful integration of GSCC with DTCC and vice versa. Securities Exchange Act Release Nos. 44985 (Oct. 2, 2001), 66 FR 51698 (Oct. 10, 2001); 44989 (Oct. 25, 2001) [File No. SR–GSCC–2001–01].

[4] Pursuant to a separate plan for the integration of EMCC with DTCC, it is contemplated that EMCC will become an operating subsidiary of DTCC at the same time that MBSCC and GSCC become operating subsidiaries of DTCC. However, the integration of MBSCC and GSCC with DTCC is not contingent on the integration of EMCC with DTCC and vice versa. Securities Exchange Act Release Nos. 44896 (Oct. 2, 2001), 66 FR 51695 (Oct. 10, 2001); 44987 (Oct. 25, 2001) [File No. SR–EMCC–2001–03].

[5] DTC and NSCC are already wholly owned subsidiaries of DTCC.

Under the Plan, MBSCC and DTCC will take the following initial actions.

(1) *Conduct an Exchange Offer.* DTCC will form (i) a company that will engage in a merger with MBSCC (''Operating Company''), (ii) a company that will own all of the capital stock of Operating Company (''Holding Company''), and (iii) an acquisition subsidiary (''Acquisition Company'') that will make an exchange offer (''Exchange Offer'') for Holding Company shares, as described below, and hold all shares of Holding Company received pursuant to the Exchange Offer. Under the terms of the Exchange Offer, Operating Company will merge with MBSCC in a transaction (''Merger'') in which (i) the MSBCC shareholders will receive an equal number and class of shares of Holding Company stock for their shares of MBSCC Class A and Class B common stock; (ii) all of the shares of MBSCC will be canceled; and (iii) all the shares of Holding Company stock owned by DTCC will be canceled. MBSCC shareholders will have the opportunity to vote against the Merger and to exercise their appraisal rights. MBSCC will be the surviving corporation of the Merger.

The Acquisition Company will conduct the Exchange Offer whereby Holding Company's shareholders *i.e.,* former MBSCC Shareholders will have the opportunity to exchange their shares of Holding Company common stock for shares of DTCC common stock on the basis of the adjusted book value of the shares of MBSCC common stock that they exchanged for their shares of Holding Company common stock and the adjusted book value of the DTCC common shares.[6] Following a successful Exchange Offer, (i) Acquisition Company will be the majority or sole (depending on whether all Holding Company shareholders agree to tender their shares) shareholder of Holding Company; (ii) Holding Company will be the sole shareholder of MBSCC; and (iii) any non-tendering Holding Company shareholders (former MBSCC Shareholders) will be minority shareholders of Holding Company.

As a matter of DTCC policy, MBSCC's retained earnings at the time of (or as of the end of the last full preceding calendar month) the integration of MBSCC with DTCC will be dedicated to supporting MBSCC's business. Acquisition Company and DTCC will not engage in clearing agency activities. Certain support functions, including human resources, finances, audit, general administration, and corporate communications will continue to be centralized in DTCC and be provided by DTCC to MBSCC pursuant to service contracts.

(2) *Change MBSCC's Shareholder Agreement.* MBSCC's Shareholder Agreement will be terminated.

(3) *Select New MBSCC's Directors.* DTCC, through its wholly-owned subsidiary, Acquisition Company, will elect as directors of MBSCC the persons elected by the shareholders of DTCC to be the directors of DTCC.[7] As a subsidiary of the Holding Company (and indirect subsidiary of Acquisition Company), MBSCC will continue to operate essentially as it does currently, offering its own services to its own members pursuant to separate legal arrangements and separate risk management procedures.

As a part of the integration, a structure will be implemented allowing for the fair representation of the members of each of the Operating Subsidiaries in the governance of DTCC. Specifically, the DTCC shareholders, consisting of the current shareholders of DTCC and the shareholders of MBSCC, GSCC, and EMCC, which become shareholders of DTCC as a result of the Plan, will elect the persons to serve on the Board of Directors of DTCC. These individuals will, in turn, be selected by DTCC to serve as the directors of each of the Operating Subsidiaries. On a periodic basis to be determined by the DTCC Board, rights to purchase DTCC common stock will be reallocated to shareholders using the services of any one or more of the Operating Subsidiaries based upon their usage. Shareholders may, but will not be obligated to, purchase some or all of the DTCC common stock to which they are entitled. Holders of DTCC common stock will be entitled to cumulative voting in the election of directors.

(4) *Form New Committees.* DTCC will create a Fixed Income Operations and Planning Committee that will include representatives of members of each of MBSCC and GSCC. The Fixed Income Operations and Planning Committee will advise the DTCC Board and management on its policies and procedures with respect to the fixed income products and services of the Operating Subsidiaries and will have certain other responsibilities to be assigned to the Committee.

Furthermore, MBSCC and GSCC will establish a joint GSCC/MBSCC Membership and Risk Management Committee, which will be comprised of representatives of participants of MBSCC and GSCC. The joint GSCC/MBSCC Membership and Risk Management Committee will advise the Boards of Directors and management of MBSCC and GSCC with respect to membership, credit, and risk matters, and will have certain other responsibilities assigned to it.

(5) *Change DTCC's and MBSCC's Governing Documents.* DTCC's Certificate of Incorporation, By-Laws, and Shareholders Agreement (''Basic Documents'') will be amended to extend to the shareholders of MBSCC, GSCC, and EMCC, which become shareholders of DTCC as a result of the Plan, the rights that the shareholders of DTCC currently have and, in particular, to satisfy the Fair Representation Requirement of section 17A of the Exchange Act.[8] In this regard, the Basic Documents will provide for the following:

- The persons elected as directors to the DTCC Board will also serve as the directors of each of the Operating Subsidiaries, including MBSCC.
- Other than, as is currently the case, one director appointed to the DTCC Board by the New York Stock Exchange, Inc., as the owner of DTCC preferred stock, and one director appointed to the DTCC Board by the National Association of Securities Dealers, Inc., as the owner of DTCC preferred stock, all directors will be elected annually by the owners of DTCC common stock.
- As discussed above, the rights to purchase DTCC common stock will be reallocated to the users of each of the Operating Subsidiaries based upon their usage. Under the Basic Documents, these rights will be reallocated on a periodic basis to be determined by the DTCC Board.
- The owners of DTCC common stock will be able to exercise cumulative voting in the election of directors of DTCC.

[6] Adjusted book value of MBSCC shares will equal book value less the retained earnings of MBSCC at the time of (or as of the end of the last full preceding calendar month) the integration of MBSCC with DTCC. Such retained earnings will thereafter be used only to support the business of MBSCC. Adjusted book value of the DTCC common shares will equal book value less the smaller of (i) the retained earnings of DTCC attributable to the retained earnings of NSCC at the time of the integration of NSCC and DTC with DTCC in 1999 or (ii) the retained earnings of DTCC attributable to the retained earnings of NSCC at the time of (or as of the last full preceding calendar month) the integration of MBSCC with DTCC.

[7] Given the MBSCC's initial post-integration board would be elected upon the effectiveness of the integration plan, MBSCC has determined to postpone its 2001 annual election of directors, which would normally occur near calendar year-end, with the current Board remaining in office until the Plan is effectuated. Should the Plan not become effective by March 31, 2002, MBSCC will call an annual meeting for the election of directors pursuant to its current procedures.

[8] 15 U.S.C. 78q–1(b)(3)(C).

• With respect to the nomination process, each year the DTCC Board will appoint a nominating committee that may include both members and nonmembers of the DTCC Board. After soliciting suggestions from all users of each of the Operating Subsidiaries of possible nominees to fill vacancies on the DTCC Board, the nominating committee will recommend a slate of nominees for the full DTCC Board. The DTCC Board may make changes in that slate before submitting nominations to the holders of DTCC common stock for election. The election ballot included in the proxy materials will provide an opportunity for stockholders to cast their votes for a person not listed as a nominee. Because the Basic Documents will provide for cumulative voting, certain large holders of DTCC common stock may have a sufficient number of shares to elect a person not on the slate nominated for election by the DTCC Board.

MBSCC's Certificate of Incorporation and By-Laws will be revised to reflect the changes in MBSCC's corporate governance structure. MBSCC's Certificate of Incorporation will be amended and restated in accordance with section 245 of the Delaware General Corporation Law (''section 245'') as follows:

• The amended and restated Certificate of Incorporation shall contain a preamble and recitals pursuant to section 245.

• The fourth article of the Certificate of Incorporation shall be amended to eliminate all references to Class A and Class B Common Stock, including the right of holders of Class B Common Stock to elect one MBSCC director. References to Class B Common Stock, including the right of holders of Class B Common Stock to elect a director, will be longer be necessary as MBSCC will be wholly-owned by Holding Company. All of MBSCC's directors will be elected by DTCC through its wholly-owned subsidiary, Acquisition Company, which will be the majority or sole (depending on how many Holding Company shareholders, *i.e.,* former MBSCC shareholders, tender their Hold Company shares in the Exchange Offer) shareholders, of Holding Company. The former holders of MBSCC Class B Common Stock, as well as the former holders of Class A Common Stock, that participate in the Exchange Offer will have the opportunity to participate in the governance of DTCC through the election of DTCC's directors.

• The fifth article of the Certificate of Incorporation shall be stricken as permitted by section 245 of the Delaware Corporation Law and the sixth, seventh, ninth and tenth articles of the Certificate of Incorporation shall be deleted as unnecessary. The remaining articles shall be renumbered accordingly.

• The eighth article (as revised, the fifth article) of the Certificate of Incorporation shall be modified to include a reference to a testator or intestate of a person that is being indemnified.

After the proposed integration, Acquisition Company, which is wholly owned by DTCC, will be the majority or sole (depending on whether all Holding Company shareholders, *i.e.* former MBSCC Shareholders, tender their shares during the Exchange Offer) shareholder of Holding Company, which, in turn, will be the sole shareholder of MBSCC. In order to promote efficiency in the governance of Operating Subsidiaries after the Plan is completed, the current By-Laws of MBSCC will be replaced with a set of By-Laws that generally conform to NSCC's By-Laws.[9]

II. Discussion

The Commission finds that MBSCC's proposed rule change is consistent with the requirements of the Act and the rules and regulations thereunder and particularly with the requirements of section 17A(b)(3)(C) [10] of the Act. Section 17A(b)(3)(C) requires that a clearing agency's rules assure the fair representation of its shareholders (or members) and participants in the selection of its direction and administration of its affair. The Commission finds that MBSCC's proposal is consistent with this requirement because the integration plan should provide MBSCC members with a reasonable opportunity to acquire common stock in DTCC based on their use of MBSCC and should provide MBSCC members through their holding of DTCC stock with adequate and fair representation in the selection of MBSCC's directors and in the administration of MBSCC's affairs. Furthermore, MBSCC members will have an opportunity to advise DTCC through the new Fixed Income Operations and Planning Committee and Membership and through the Risk Management Committee that will be composed, in part, of MBSCC members.

MBSCC has requested that the Commission find good cause for approving the proposed rule change prior to the thirtieth day after the date of publication of notice of filing. The Commission finds good cause for approving the proposed rule change prior to the thirtieth day after the date of publication of notice of filing because such approval will allow MBSCC to begin its integration in accordance with the schedule for the integration of MBSCC, GSCC, and EMCC with DTCC. The Commission is approving the proposed rule change prior to the end of the comment period in order that MBSCC may begin its integration in accordance with the schedule for the integration of MBSCC, GSCC, and EMCC with DTCC.

III. Conclusion

On the basis of the foregoing, the Commission finds that the proposal is consistent with the requirements of the Act and in particular with the requirements of section 17A of the Act and the rules and regulations thereunder.

It Is Therefore Ordered, pursuant to section 19(b)(2) of the Act, that the proposed rule change (File No. SR–MBSCC–2001–01) be, and hereby is, approved.

For the Commission by the Division of Market Regulation, pursuant to delegated authority.[11]

Margaret H. McFarland,

Deputy Secretary.

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[9] The modifications include (i) making all references gender-neutral, (ii) changing the references to the State of New York to the State of Delaware (except the reference in section 5.2), (iii) providing in section 1.2 that a majority, rather than twenty-five percent, of all outstanding shares may make a demand to call a special meeting, (iv) providing for the ability to notify shareholders of shareholder meetings electronically in section 1.4 (v) deleting the provision addressing shareholder action by written consent because this is addressed under Delaware law, (vi) setting the number of directors in section 2.1 at a minimum of fifteen and maximum of twenty-five, rather than twenty-seven, (vii) providing in section 2.1 that the number of directors at any time shall be determined by the Board of Directors of MBSCC, (viii) providing in section 2.9 that directors of MBSCC that are also officers of GSCC or DTCC, rather than directors, officers, or employees of any MBSCC shareholders, may not serve on the Audit Committee, (ix) providing in section 3.1 that the officers of MBSCC will include those required by statute and may include a Chief Executive Officer, (x) eliminating the provision in section 3.3 that the President shall be the Chief Executive Officer, (xi) eliminating the provision in section 3.4 that Managing Directors shall upon request advise and assist the Chief Operating Officer, and (xii) providing in Article VIII that a majority of the holders of all outstanding shares, rather than all the holders of all outstanding shares, may amend the MBSCC By-Laws.

[10] 15 U.S.C. 78q–1(b)(3)(C).

[11] 17 CFR 200.30–3(a)(12).

SECURITIES AND EXCHANGE COMMISSION

[Release No. 34–44983; File No. SR–PCX–00–25]

Self-Regulatory Organizations; Order Approving Proposed Rule Change by the Pacific Exchange, Inc., as Amended, and Notice of Filing and Order Granting Accelerated Approval to Amendment Nos. 4 and 5 Concerning the Establishment of the Archipelago Exchange as the Equities Trading Facility of PCX Equities, Inc.

October 25, 2001.

I. Introduction

On July 31, 2000, pursuant to section 19(b)(1) of the Securities Exchange Act of 1934 (''Act'')[1] and Rule 19b–4 thereunder,[2] the Pacific Exchange, Inc. (''PCX'') filed with the Securities and Exchange Commission (''Commission'' or ''SEC'') a proposed rule change to create a new electronic trading facility called the Archipelago Exchange (''ArcaEx''). The PCX filed Amendment No. 1 to the proposal on November 9, 2000. The proposed rule change, as amended by Amendment No. 1, was published for comment and appeared in the **Federal Register** on December 15, 2000.[3] The Commission received 10 comment letters.[4] The PCX filed Amendment No. 2 to the proposal on February 27, 2001. On April 20, 2001, the PCX filed Amendment No. 3 to the proposal, which replaced Amendment No. 2 in its entirety. Notice of the proposed rule change, as amended by Amendment No. 3, was published in the **Federal Register** on May 8, 2001.[5] The Commission received two comment letters on Amendment No. 3.[6] On July 19, 2001, the PCX filed Amendment No. 4 to the proposed rule change.[7] On October 9, 2001, the PCX filed Amendment No. 5 to the proposed rule change. This order approves the PCX's proposed rule change, as amended, publishes notice of Amendment Nos. 4 and 5 to the proposed rule change, and grants accelerated approval of Amendment Nos. 4 and 5.

II. Description of the Proposal

A. Introduction

The PCX proposes to establish ArcaEx as the new electronic communications and trading facility[8] of its subsidiary, PCX Equities, Inc. (''PCXE''). Operating in place of PCXE's traditional trading floor, the ArcaEx facility would automatically execute orders in equity securities listed or traded on the PCXE.[9] As described further below, ArcaEx market makers would replace the PCX's traditional floor specialists.[10]

As a facility of the PCX, ArcaEx would be subject to the Commission's oversight and examination. Consequently, the Commission would have the same authority to oversee the premises, personnel, and records of ArcaEx as it currently has with respect to the PCX. In addition, the PCX would be fully responsible for all activity that takes place through ArcaEx, and persons using ArcaEx would be subject to PCXE rules. For example, under the proposal, the PCX would conduct all necessary surveillance of the operation of ArcaEx and would maintain an audit trail of trading through ArcaEx. The PCX would rely on its own regulatory staff, and not on the employees of ArcaEx or its parent companies, to perform its regulatory functions concerning ArcaEx.

The Archipelago Exchange LLC, a subsidiary of Archipelago Holdings LLC, would operate the ArcaEx facility, and would be responsible for ArcaEx's business activities to the extent that those activities are not inconsistent with the regulatory and oversight functions of the PCX and PCXE.[11] This means that Archipelago Exchange LLC will not interfere with the PCX's self-regulatory responsibilities. The PCX currently has a 10% ownership interest in Archipelago Holdings LLC.[12] Pursuant to contractual agreement, the PCX has the right to appoint a representative to the board of Archipelago Holdings LLC. The current rules of PCXE allow an officer or director of a PCX trading facility to have a single seat on the PCXE's board.[13] By operation of PCX rules, the books, records, premises, officers, directors, agents, and employees of Archipelago Exchange LLC, which owns and operates the ArcaEx, would be deemed to be those of the PCX and PCXE for purposes of the Act. Moreover, all officers and directors of ArcaEx's parent company, Archipelago Holdings LLC, would be deemed officers and directors of PCX and PCXE for purposes of the Act.[14]

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[1] 15 U.S.C. 78s(b)(1).

[2] 17 CFR 240.19b–4.

[3] Securities Exchange Act Release No. 43608 (November 21, 2000), 65 FR 78822 (December 15, 2000).

[4] Letter from Lanny A. Schwartz, Executive Vice President and General Counsel, Philadelphia Stock Exchange, to Jonathan G. Katz, Secretary, SEC, dated Dec. 21, 2000 (''Phlx Letter''); letter from John F. Malitzis, Associate General Counsel, Nasdaq Stock Market Inc., to Jonathan G. Katz, Secretary, SEC, dated Dec. 28, 2000 (''Nasdaq Letter 1''); letter from San Francisco Specialists Association to Jonathan G. Katz, Secretary, SEC, dated Jan. 3, 2001 (''SFSA Letter''); letter from Los Angeles Specialists Association, to Jonathan G. Katz, Secretary, SEC, dated Jan. 4, 2001 (''LASA Letter''); letter from David Hultman, D.A. Davidson & Co., to Jonathan G. Katz, Secretary, SEC, dated Jan. 5, 2001 (''D.A. Davidson Letter''); letter from Jeffrey T. Brown, Cincinnati Stock Exchange, to Jonathan G. Katz, Secretary, SEC, dated Jan. 8, 2001 (''CSE Letter''); letter from Richard G. Ketchum, President, Nasdaq Stock Market Inc., to Jonathan G. Katz, Secretary, SEC, dated Jan. 22, 2001 (''Nasdaq Letter 2''); letter from Robert R. Glauber, Chief Executive Officer and President, NASD Regulation, Inc., to Jonathan G. Katz, Secretary, SEC, dated Jan. 26, 2001 (''NASD Regulation Letter''); letter from Steve Wunsch, President, Arizona Stock Exchange, to Jonathan G. Katz, Secretary, SEC, dated Feb. 1, 2001 (''AZX Letter''); and letter from Michael T. Dorsey, Senior Vice President, General Counsel and Secretary, Knight Trading Group, Inc., to Jonathan G. Katz, Secretary, SEC, dated Feb. 9, 2001 (''Knight Letter 1'').

[5] Securities Exchange Act Release No. 44233 (April 30, 2001), 66 FR 23291 (May 8, 2001).

[6] *See* letter from Michael T. Dorsey, Senior Vice President, General Counsel and Secretary, Knight Trading Group, Inc., to Jonathan G. Katz, Secretary, SEC, dated June 22, 2001 (''Knight Letter 2'') and letter from Richard G. Ketchum, President, Nasdaq Stock Market Inc., to Jonathan G. Katz, Secretary, SEC, dated June 4, 2001 (''Nasdaq Letter 3'').

[7] In Amendment No. 4 to the proposed rule change, the PCX added new subsection (d) to proposed PCXE Rule 14.3, which would require that Archipelago Exchange LLC and Archipelago Holdings LLC maintain all books and records related to the ArcaEx within the United States. In addition, the PCX made technical changes to various proposed rules. By letter dated October 24, 2001, Archipelago Holdings LLC withdrew its Form 1 application to register as an exchange.

[8] *See* 15 U.S.C. 78c(a)(2) (definition of ''facility'').

[9] The PCX has delegated its self-regulatory authority to the PCXE. *See* Securities Exchange Act Release No. 42759 (May 5, 2000), 65 FR 30654 (May 12, 2000).

[10] The proposal does not require that a market maker be assigned to every PCXE security. *See* proposed PCXE Rule 1.1(u) (definition of ''market maker'').

[11] *See* proposed PCXE Rule 14.3. *See also* Amendment No. 3 to the proposed rule change, Securities Exchange Act Release No. 44233 (April 30, 2001), 66 FR 23291 (May 8, 2001).

[12] *See* PCX Annual Report at *http://www.pacificex.com/about/2001AnnualReport/EQUITIES/equities.html*, visited on August 21, 2001.

[13] *See* Securities Exchange Act Release No. 44442 (June 18, 2001), 66 FR 33733 (June 25, 2001).

[14] The relationship between the PCX, PCXE, and the Archipelago entities is explained in proposed PCXE Rule 14.3. Under proposed PCXE Rule 14.3(a), the books, records, premises, officers, directors, agents, and employees of Archipelago Exchange LLC would be deemed to be the books, records, premises, officers, directors, agents, and employees of the PCX and PCXE for purposes of and subject to oversight under the Act. The books and records of Archipelago Exchange LLC would be subject at all times to inspection and copying by the PCX, PCXE, and the Commission. Under proposed PCXE Rule 14.3(b), all officers and directors of Archipelago Holdings LLC would be deemed to be officers and directors of the PCX and PCXE for purposes of and subject to oversight under the Act. Under proposed PCXE Rule 14.3(d), Archipelago Exchange LLC and Archipelago Holdings LLC would be required to maintain all books and records related to the Archipelago Exchange within the United States. *See* Amendment No. 4 to the proposed rule change.

B. Trading on ArcaEx

Equity Trading Permit (''ETP'') Holders [15] and other users [16] of ArcaEx would be able to submit orders to an electronic file of orders, called the ''Arca Book,'' [17] where trades would be executed at prices equal to or better than the national best bid or offer (''NBBO''). ArcaEx users could choose to have their unexecuted orders left on the Arca Book, returned to them, or routed to other markets.[18] A broker-dealer subsidiary of Archipelago Holdings LLC, Wave Securities LLC (''Wave''), would serve as an optional mechanism for routing the orders of ArcaEx users to other market centers.[19] ArcaEx users who do not choose to use Wave could establish routing arrangements with other providers of order-routing services or use their own proprietary routing mechanisms.

The Arca Book would feature four trading processes dealing with directed orders,[20] display orders,[21] working orders,[22] and tracking orders,[23] respectively. In the directed order process, a user could direct an order to a particular market maker, including itself.[24] In the display order and working order processes, orders would be ranked and maintained in the Arca Book according to price-time priority with displayed orders and prices having priority over undisplayed orders, sizes, and prices. In the tracking order process, orders that were not filled through the first three processes could be matched with tracking orders in accordance with the users' stated instructions. Finally, at the customer's option, orders not matched on the Arca Book may be routed to a different market center for execution.

1. The Directed Order Process

Any market or limit order to buy or sell that has been directed to a particular market maker is referred to as a ''directed order.'' [25] A market maker would be allowed to submit standing ''directed fill'' instructions, including such parameters as the size of the order, the price improvement algorithm, the period of time that the instruction is effective, and the identity of the users that may send the market maker a directed order.[26] A directed order transaction would not take place unless a corresponding directed fill would execute the trade at a better price than any displayed order held in the Arca Book and in any case at the NBBO or better. Directed orders and directed fills are not displayed. Any directed order that is unexecuted or partially executed against a directed fill would enter the display order process.

2. The Display and Working Order Processes

All limited price orders [27] submitted to ArcaEx would be ranked and maintained in the display order process or the working order process of the Arca Book. Orders in those processes would be ranked according to price-time priority such that within each price level all orders would be assigned priority according to the time of entry.

Users of ArcaEx would be able to submit discretionary orders, reserve orders, and all-or-none orders—collectively referred to as ''working orders''—that have conditional or undisplayed prices and/or sizes.[28] A discretionary order is an order to buy or sell a stated amount of a security at a specified, undisplayed price (the ''discretionary price''), in addition to at a specified, displayed price. For example, a user could submit an order to buy 5000 shares of XYZ at 20, with discretion to buy at a price up to 20.25. In that case, the order is represented at a displayed price of 20, but under prescribed conditions the order may be filled partially or completely, at any allowable price up to the maximum discretionary price of 20.25.

A reserve order is a limit order with a portion of the size displayed and with a reserve portion of the size (the ''reserve size'') not displayed on the Arca Book. For example, a user could submit an order to buy 5000 shares of XYZ at 20 with a request that 1000 shares be displayed. Therefore, the 1000 shares would be displayed and the 4000 share reserve size would not be displayed until the displayed size is exhausted. An all-or-none order is a limit order that is to be executed in its entirety or not at all. All-or-none orders would not be displayed.

The display order process would include market orders, limit orders, and limit orders entered by market makers, known as ''Q orders.'' [29] In addition, the display order process includes the displayed portions of discretionary orders and reserve orders. Discretionary orders would be ranked in the display order process based on the displayed price and the time of order entry. If a discretionary order were decremented, it would remain ranked based on the displayed price and the time of original order entry. The displayed portion of reserve orders would be ranked in the display order process at the specified limit price and the time of order entry.

All-or-none orders and the undisplayed portion of discretionary orders and reserve orders would be ranked in the working order process. Discretionary orders would be ranked in the working order process based on the displayed price and the time of original order entry. If a discretionary order were decremented, it would retain its standing in order priority. The reserve portion of reserve orders would be ranked in the working order process based on the specified limit price and the time of original order entry. If the displayed portion of the reserve order were exhausted, the displayed portion of the reserve order would be refreshed from the reserve portion at the original displayed amount, and would be submitted and ranked at the specified limit price and at the new time that the displayed portion of the order was refreshed. After the displayed portion of a reserve order is refreshed from the reserve portion, the reserve portion

[15] *See* proposed PCXE Rule 1.1(n) (definition of ''ETP Holder'').

[16] A user is any ETP Holder or sponsored participant who is authorized to obtain access to ArcaEx. *See* proposed PCXE Rule 1.1(oo).

[17] *See* proposed PCXE Rule 1.1(a) (the Arca Book contains all the user's orders in each of the directed order, display order, working order and tracking order processes).

[18] *See* proposed PCXE Rule 7.37 (describing ArcaEx's order execution processes).

[19] As discussed more fully in part IV, *infra*, Wave would also act as an introducing broker and would function as an electronic communications network for the limited number of securities that would not be eligible to trade on ArcaEx.

[20] *See* proposed PCXE Rule 7.37(a) (description of ''directed order process'').

[21] *See* proposed PCXE Rule 7.37(b)(1) (description of ''display order process'').

[22] *See* proposed PCXE Rule 7.37(b)(2) (description of ''working order process'').

[23] *See* proposed PCXE Rule 7.37(c) (description of ''tracking order process'').

[24] *But see* PCXE Rule 7.43, submitted in Amendment No. 3 to the proposed rule change. (A market maker's ability to direct proprietary orders to itself would be limited because the practice could violate just and equitable principles of trade.)

[25] *See* proposed PCXE Rule 7.31(i). A directed order is defined as ''any market or limit order to buy or sell which has been directed to a particular market maker by the user.''

[26] *See* proposed PCXE Rule 7.31(j). A directed fill is a limit order with (1) a size that is equal to or less than the size of the directed order and (2) a price that improves the best bid or offer by an automatically preset amount, which must be equal to or greater than the minimum price improvement interval, pursuant to a price improvement algorithm; provided, however, that the directed fill will not be generated if the price is not equal to or better than the national best bid or offer.

[27] A ''limited price order'' is any order with a specified price or prices (*e.g.,* limit orders and working orders) other than stop orders. *See* proposed PCXE Rule 1.1(s). Directed orders and tracking orders are limited price orders that are not displayed and are not handled within the display order process. *See* proposed PCXE Rule 7.31.

[28] *See* proposed PCXE Rule 7.31(h) (definition of ''working order'').

[29] *See* proposed PCXE Rule 7.31(k) (definition of ''Q order''). A Q order may not be a working order.

would remain ranked based on the original time of order entry, while the displayed portion would be sent to the display order process with a new time stamp. All-or-none orders would be ranked in the working order process based on the specified limit price and the time of order entry.

3. Examples

The PCX offers the following example to clarify how orders would be ranked in the display and working order processes. Suppose that users submit the following orders to ArcaEx:

10:00 a.m.—Order A—Limit order to buy 1000 XYZ at 20
10:01 a.m.—Order B—Reserve order to buy 5000 XYZ at 20 (show 1000)
10:02 a.m.—Order C—Limit order to buy 500 XYZ at 20
10:03 a.m.—Order D—Discretionary order to buy 5000 XYZ at 20 (discretion to 20.25)
10:04 a.m.—Order E—All-or-none to buy 1500 XYZ at 20
10:05 a.m.—Order F—Q order to buy 1000 XYZ at 20
10:06 a.m.—Order G—Limit order to buy 700 XYZ at 20
10:07 a.m.—Order H–Q order to buy 500 XYZ at 20
10:08 a.m.—Order I—Discretionary order to buy 10,000 XYZ at 20 (discretion to 20.25)

In the display order process, Orders A–H would be ranked in the Arca Book in the following order:

(1) Order A;

(2) Order B1 (the displayed 1000 shares of Order B);

(3) Order C;

(4) Order D1 (the displayed price of 20 for Order D);

(5) Order F;

(6) Order G;

(7) Order H; and

(8) Order I1 (the displayed price of 20 for Order I).

In the working order process, the orders would be ranked in the Arca book in the following order:

(1) Order B2 (4000 shares of the reserve portion of Order B);

(2) Order D2 (the discretionary price up to 20.25 for Order D);

(3) Order E; and

(4) Order I2 (the discretionary price up to 20.25 for Order I).

4. The Tracking Order Process

If an order has not been executed in its entirety after progressing through the directed order, display order, and working order processes, the order (or the remaining portion of the order) would enter the tracking order process. An incoming order may be matched to tracking orders held in the tracking order process in accordance with a user's set parameters, such as maximum aggregate size, maximum tradeable size, and the price in relation to the NBBO. Once a user has entered the parameters of a tracking order, the parameters may not be changed.[30] Like a directed fill, a tracking order would be executed only at the NBBO or better. Tracking orders are not displayed.

C. Early, Core, and Late Trading Sessions

ArcaEx would maintain three sessions each trading day: the opening session, the core trading session, and the late trading session.[31] The opening session would begin at 5:00 a.m. (Pacific Time) with an opening auction in which only limited price orders would be eligible. The opening session would conclude with a market order auction in which both market and limited price orders would be eligible. The market order auction would begin at 6:30 a.m. (Pacific Time). The core trading session would begin for each security at 6:30 a.m. (Pacific Time) or at the conclusion of the market order auction for such security, whichever comes later, and conclude at 1:00 p.m. (Pacific Time). The late trading session would begin after the conclusion of the core trading session and conclude at 5:00 p.m. (Pacific Time).

Market makers have certain obligations in the market order auction and core trading session. A market maker would be required to enter at least one ''cleanup order'' for each security in which it is registered for each market order auction.[32] When trading in the core session begins, market makers would be obligated to enter and maintain continuous, two-sided limit orders (*i.e.,* Q orders) in the securities in which they are registered. The directed order process and the tracking order process would not be available during the opening and late sessions. Market orders would be available during the core trading session, would not be available during the late trading session, and would be available only for the market order auction during the opening trading session.

For each day order entered into ArcaEx, the entering user would have to designate the trading sessions for which the order would be in effect. Any good-til-cancelled order entered into ArcaEx would be in effect only during core trading sessions unless the entering user specifically instructs otherwise.

III. Comments Received

The Commission received twelve comment letters from nine commenters.[33] A majority of the commenters supported the proposal.[34] Two commenters that operate electronic markets, the Arizona Stock Exchange (''AZX'') and the Cincinnati Stock Exchange, stated that the proposal would benefit market participants, including retail investors, by bringing innovation and increased competition to the securities markets.[35] In particular, the AZX stated its support for the proposed auction method and sophisticated electronic surveillance capabilities.

Several PCXE members expressed strong support for the proposal and encouraged the Commission to expedite the approval process. D.A. Davidson & Co. stated its intention to participate on ArcaEx as both a market maker and a retail order flow provider, and noted that the proposal will ''create a new national marketplace which will level the playing field for all participants.'' [36] Two commenters, the Los Angeles Specialists Association (''LASA'') and the San Francisco Specialists Association (''SFSA''), strongly supported replacing the PCX's physical trading floor with the fully electronic order execution facility. LASA and SFSA believe that all investors would have equal access to information and would benefit from immediate electronic executions, possible price improvement, and anonymity on ArcaEx.[37] Further, in offering their strong support for the proposal, LASA and SFSA cited the proposed regulatory structure and ArcaEx's unique order execution algorithm, sophisticated order routing mechanism, and ability to attract corporate issuers.

In contrast, three commenters submitted a total of five letters opposing the proposal.[38] The Philadelphia Stock Exchange, Inc. (''Phlx'') stated that the

[30] The instructions would remain in effect until the user's aggregate size limit were achieved or the day's trading session ended. *See* proposed PCXE Rule 7.31(f) (description of tracking orders).

[31] *See* proposed PCXE Rule 7.34 (description of ''trading sessions'').

[32] *See* proposed PCXE Rule 7.31(u) (description of ''cleanup orders'').

[33] *See* note 4, *supra.*

[34] NASD Regulation Inc. submitted a letter that neither supported nor opposed the proposal but urged the Commission to consider the regulatory relationship between any new exchange and existing self-regulatory organizations. *See* NASD Regulation Letter, *supra* note 4.

[35] *See* AZX Letter and CSE Letter, *supra* note 4.

[36] *See* D.A. Davison Letter, *supra* note 4.

[37] *See* LASA Letter and SFSA Letter, *supra* note 4.

[38] *See* Phlx Letter, Knight Letter 1, and Nasdaq Letter 2, *supra* note 4; Knight Letter 2, and Nasdaq Letter 3, *supra* note 6.

proposal was inconsistent with section 11(a) of the Act because public customer agency orders would not have priority over broker-dealer proprietary orders.[39] In support of this position, the Phlx argued that broker-dealers would have an informational advantage over public customers even though transactions would take place on a fully electronic system as opposed to a physical trading floor. The Phlx argued that the Commission should condition approval of the proposal on the requirement that customer orders be given priority.

The Nasdaq Stock Market, Inc. (''Nasdaq'') submitted two letters opposing the proposal.[40] Nasdaq argued that, by seeking approval for ArcaEx as a facility of PCXE through the rule filing process under section 19 of the Act, the PCX and ArcaEx have improperly circumvented the exchange registration process. In Nasdaq's view, the PCX should obtain a controlling ownership interest in Archipelago Holdings LLC or ArcaEx should seek registration as a national securities exchange under section 6 of the Act. Taking note that the PCX previously regulated a competing specialist system, Nasdaq asserted that the PCX's regulatory structure was insufficient for regulating a competing dealer market. Nasdaq also questioned whether the proposal would ensure an adequate audit trail with respect to trading in Nasdaq securities.

Nasdaq also believes that an exchange is statutorily obligated to guarantee liquidity in its marketplace. Noting that there is no requirement under the proposal that a market maker be assigned to every ArcaEx security, Nasdaq asserted that the PCX would be unable to guarantee liquidity in its marketplace. Nasdaq also raised concerns with respect to ArcaEx's integration into the national market system, and contended that the requirement that users enter into a routing agreement raised best execution issues and could amount to a denial of access.

Knight Trading Group, Inc. (''Knight'') questioned whether the PCX plans to impose fees on market participants that trade Nasdaq/NM securities admitted to unlisted trading privileges on ArcaEx, and asserted that expanding trading in the over-the-counter market potentially could place Nasdaq market makers that are not ETP Holders at a competitive disadvantage and disrupt the Nasdaq market.[41] In Knight's view, the proposal would provide an opportunity for Nasdaq securities to trade on ArcaEx through the OTC-UTP Plan[42] to the detriment of Nasdaq market makers.[43]

The PCX submitted three letters in response to the comments.[44] The PCX reiterated its belief that ArcaEx should properly be regulated as a facility of an exchange, and asserted that regulating ArcaEx as a facility is consistent with the Commission's regulation of facilities operated by other exchanges. Furthermore, the PCX stated that the relationship between the PCX and ArcaEx satisfies the regulatory requirements of the Act.

In response to Nasdaq concerns about ArcaEx's integration into the national market system, particularly the Intermarket Trading System (''ITS''), the PCX stated that it intends to comply with the national market system plans in connection with the operation of ArcaEx. Consistent with the terms of the ITS Plan, the PCX will not charge fees to non-members using ITS to access ArcaEx.[45] With regard to the concerns that commenters raised about the PCX's ability to conduct adequate surveillance of ArcaEx, the PCX argued that it has ''not only the technological capability to establish and maintain an audit trail, but also the staff expertise and capital resources to satisfactorily oversee a new electronic market trading an increased number of securities.''[46] The PCX represents that it will implement a state-of-the-art electronic audit trail system.[47]

In response to Nasdaq's concerns with respect to liquidity, the PCX stated that the Act does not specifically require that a market maker be assigned to each security traded on an exchange. Moreover, the PCX asserted that under the Commission's new regulatory framework for exchanges, liquidity provided by a market maker is not an essential element of an exchange.

Comments also questioned the proposed use of discretionary orders and the role of Wave on the ArcaEx. In particular, Nasdaq expressed the view that the use of discretionary orders would violate Rule 11Ac1–1[48] and that Wave, the broker-dealer subsidiary of Archipelago Holdings LLC, should be regulated as a facility of the PCX. More detailed summaries of those comments and the PCX's responses to them are included in part IV, infra.

IV. Discussion

After careful review and consideration of the comments, the Commission finds, for the reasons discussed below, that the ArcaEx proposal is consistent with the requirements of the Act and the rules and regulations thereunder applicable to the PCX.

The Commission historically has encouraged exchanges to integrate new data communications and trade execution mechanisms into their marketplaces in order to further these goals of the national market system. In recent years, for example, the Commission's Order Handling Rules[49] and Regulation ATS[50] sought to bring alternative trading systems (''ATSs''), including electronic communications networks (''ECNs''), into the framework of the national market system. In addition, the Commission approved the Nasdaq SuperMontage,[51] NYSE Direct+,[52] the application of the

[39] *See* Phlx Letter, *supra* note 4; *see also* discussion in Part IV.D., *infra*. The Commission notes that proposed PCXE Rule 6.16(a) would prohibit ETP Holders from trading ahead of their customer limit orders.

[40] *See* Nasdaq Letter 2, *supra* note 4; Nasdaq Letter 3, *supra* note 6. In Nasdaq Letter 1, Nasdaq requested that the Commission extend the period for comment on the proposal as amended by Amendment No. 1. *See* Nasdaq Letter 1, *supra* note 4.

[41] *See* Knight Letter 1, *supra* note 4; Knight Letter 2, *supra* note 6. The Commission notes that the PCX intends to submit a separate filing pursuant to Section 19(b) of the Act to establish its fees.

[42] *See* Joint Self-Regulatory Organization Plan Governing the Collection, Consolidation and Dissemination of Quotation and Transaction Information for Exchange-listed Nasdaq/National Market System Securities and for Nasdaq/National Market System Securities Traded on Exchanges on an Unlisted Trading Privilege Basis (''OTC-UTP Plan''). Securities Exchange Act Release No. 24407 (April 29, 1987), 52 FR 17349 (May 7, 1987). *See also* Securities Exchange Act Release No. 36985 (March 18, 1996), 61 FR 12122 (March 25, 1996).

[43] To the extent that Knight's concerns relate to the potential expansion of the OTC/UTP Plan, those issues are more appropriately addressed in the context of the pending proposal to expand the OTC/UTP Plan, which has been noticed for public comment. *See* Securities Exchange Act Release No. 44822 (September 20, 2001), 66 FR 50226 (October 2, 2001).

[44] *See* letters from Cherie L. Macauley, Wilmer, Cutler & Pickering, to John Polise, Senior Special Counsel, Division, Commission dated February 26, 2001 (''PCX Response 1''), April 19, 2001 (''PCX Response 2''), and August 3, 2001 (''PCX Response 3'').

[45] The ITS Plan was designed to facilitate intermarket trading in exchange-listed equity securities based on current quotation information emanating from the linked markets. *See* Securities Exchange Act Release No. 19456 (January 27, 1983), 48 FR 4938 (February 3, 1983).

[46] *See* PCX Response 1 and PCX Response 2.

[47] *See* PCX Response 2.

[48] 17 CFR 240.11Ac1–1.

[49] *See* Securities Exchange Act Release No. 37619A (September 6, 1996), 61 FR 48290 (September 12, 1996) (''Order Handling Rules'').

[50] *See* Securities Exchange Act Release No. 40760 (December 8, 1998), 63 FR 70844 (December 22, 1998) (''ATS Release''). Generally, the ATS Release established a new regulatory framework that gives securities markets the choice to register as exchanges or as broker dealers, and also provided guidance to those markets that wished to register as national securities exchanges.

[51] *See* Securities Exchange Act Release No. 43863, (January 19, 2001), 66 FR 8020 (January 26, 2001) (Order approving the Nasdaq SuperMontage).

[52] Securities Exchange Act Release No. 43767 (December 22, 2000), 66 FR 834 (January 4, 2001) (Order approving NYSE Direct+).

International Securities Exchange to become an all-electronic national securities exchange,[53] and the proposals of the PCX and the NASD to implement trading facilities using applications of the OptiMark System.[54]

In proposing to establish ArcaEx as the equities trading facility of the PCXE, the PCX has sought to replace its floor trading model with a sophisticated electronic trading system. In the Commission's view, the proposed ArcaEx facility would provide a new and technologically advanced way for trading interest to be matched and orders to be executed on the PCX. The Commission believes that, if the ArcaEx facility is able to attract new market participants and to increase order flow to the PCX, the facility could promote greater competition among market centers. In particular, the novel features of the ArcaEx facility may enable retail customers and institutional investors to come together in a new marketplace. For example, institutional investors may be able to use working orders in the ArcaEx facility to represent their trading interest more completely than is currently feasible in other electronic auction facilities.[55] If the ArcaEx facility succeeds in attracting more order flow to the PCX, the PCX may begin to serve as a greater source of liquidity for investors.

In publishing notice of the PCX's proposal, the Commission invited public comment on several important issues and received a number of well-reasoned comment letters that broadly criticized both the form and the function of the proposed ArcaEx facility. The major comments are discussed below.

A. ArcaEx Is an Equities Trading Facility of the PCX

The Commission believes that the PCX's proposal for ArcaEx to become its facility is properly filed under section 19(b)(1) of the Act,[56] and that it is not necessary for ArcaEx to register as a national securities exchange independent of the PCX under section 6(a) of the Act.[57] Section 19(b)(1) of the Act[58] requires that every self-regulatory organization (''SRO'') file with the Commission copies of any proposed rule or any proposed change to its rules, accompanied by a concise general statement of the basis and purpose of the proposed rule change. The Commission is required to publish notice of the filing of a proposed rule change and to give interested persons an opportunity to submit written data, views, and arguments. Section 19(b)(2) of the Act[59] provides that the Commission shall approve an SRO's proposed rule change if it is consistent with the requirements of the Act and the rules and regulations thereunder applicable to the SRO, or disapprove the proposed rule change if the Commission does not make such a finding. In the Commission's view, the PCX's proposal to establish ArcaEx as an exchange facility is consistent with the Act, as well as with previous proposals of national securities exchanges filed under section 19(b) of the Act[60] to use the personnel and equipment of third parties to operate trading platforms.[61]

The Commission notes that PCXE rules will govern the operation of the ArcaEx facility. PCXE is a wholly-owned subsidiary of the PCX, which is a national securities exchange registered under section 6 of the Act.[62] The PCX, as the SRO, retains ultimate responsibility for its members' compliance with the provisions of the Act and the rules and regulations thereunder. In particular, the PCX must approve any changes to the rules and governing documents of PCXE. Moreover, the PCX must file changes to PCXE's bylaws and rules with the Commission pursuant to section 19(b) of the Act[63] and Rule 19b–4,[64] including any rules relating to its facilities.

In short, as a facility of the PCX, ArcaEx falls under the PCX's self-regulatory authority. In this regard, ''the PCX will be fully responsible for all activity that takes place through ArcaEx, including its regulation and oversight, because ArcaEx is a part of the Exchange.''[65] Although the PCX has delegated to PCXE the authority to administer and manage the PCX's equities trading function, the PCX retains the ultimate responsibility for the operation, administration, rules, and regulation of PCXE.[66] The PCX must review rulemaking and disciplinary decisions of PCXE and direct PCXE to take action that may be necessary to effectuate the purposes and functions of the Act.

ArcaEx would also be subject to Commission oversight and examination as a facility of the PCX. The Commission would oversee the premises, personnel, and records of ArcaEx to the same extent that it currently oversees the premises, personnel, and records of the PCX. Proposed PCXE Rule 14.3(a) states:

> The books, records, premises, officers, directors, agents, and employees of Archipelago Exchange LLC shall be deemed to be the books, records, premises, officers, directors, agents, and employees of PCX and PCX Equities for purposes of and subject to oversight pursuant to the Securities Exchange Act. The books and records of Archipelago Exchange LLC shall be subject at all times to inspection and copying by the PCX, PCX Equities and the SEC.

Similarly, proposed PCXE Rule 14.3(b) states that ''[a]ll officers and directors of Archipelago Holdings LLC shall be deemed to be officers and directors of PCX and PCX Equities for purposes of and subject to oversight pursuant to the Securities Exchange Act.''[67] Under proposed PCXE Rule 14.3(d), Archipelago Exchange LLC and Archipelago Holdings LLC must maintain all books and records related to ArcaEx within the United States.[68] The Commission believes that these provisions would adequately enable its oversight of the ArcaEx facility.

The Commission also believes that the PCX's proposal is designed to provide for the rigorous regulatory oversight that the Act requires. Under the proposal, the PCX would use its own regulatory staff, and not the employees of Archipelago Holdings LLC or Archipelago Exchange LLC, to perform its regulatory oversight duties. In addition, the PCX would maintain a full audit trail and would conduct all necessary surveillance of the trading

[53] *See* Securities Exchange Act Release No. 42455 (February 24, 2000), 65 FR 11388 (March 2, 2000) (File No. 10–127).

[54] *See* Securities Exchange Act Release No. 39086 (September 17, 1997), 62 FR 50036 (September 24, 1997) (SR–PCX–97–18); Securities Exchange Act Release No. 41967 (September 30, 1999), 64 FR 54704 (October 7, 1999) (SR–NASD–98–85).

[55] The PCX has represented that the ArcaEx displayed portion of the Arca Book will be available to the public in real time via the Archipelago internet web site.

[56] 15 U.S.C. 78s(b)(1).

[57] 15 U.S.C. 78f(a).

[58] 15 U.S.C. 78s(b)(1).

[59] 15 U.S.C. 78s(b)(2).

[60] 15 U.S.C. 78s(b).

[61] *See, e.g.,* Securities Exchange Act Release No. 41210 (March. 24, 1999), 64 FR 15857 (April 1, 1999) (approval of Phlx's VWAP Trading System); Securities Exchange Act Release No. 39086 (September 17, 1997), 62 FR 50036 (September 24, 1997) (approval of PCX's Application of the OptiMark System). *See also* Securities Exchange Act Release No. 41967 (September 30, 1999), 64 FR 54704 (October 7, 1999) (approval of Nasdaq Application of OptiMark System); Securities Exchange Act Release No. 35030 (November 30, 1994), 59 FR 63141 (December 7, 1999) (approval of Chicago Match System).

[62] 15 U.S.C. 78f.

[63] 15 U.S.C. 78s(b).

[64] 17 CFR 240.19b–4.

[65] PCX Response 2 at p. 5.

[66] *See* PCXE Rule 14.

[67] The PCX has represented, and the staff has confirmed, that the provisions of proposed PCXE Rule 14.3 are included in the contractual agreements between PCX and Archipelago Holdings LLC. *See* PCX Response 2 at p. 6.

[68] *See* Amendment No. 4 to the proposed rule change.

effected through the ArcaEx facility. The PCX would also be required to comply with the Commission's Automation Review Policy, which requires, among other things, that the PCX ensure that ArcaEx has ''the capacity to accommodate current and reasonably anticipated future trading volume levels adequately and to respond to localized emergency conditions.'' [69]

The Commission believes that the PCX possesses the technological capability to develop and maintain a proper audit trail with respect to ArcaEx and the staff expertise and capital resources properly to oversee the new ArcaEx electronic marketplace.[70] In addition, the PCX has agreed that: [71]

- The PCX will demonstrate to the satisfaction of the Commission's staff that it has adequate surveillance programs and procedures in place to monitor trading on the ArcaEx facility;[72] and
- Prior to the start of trading on the ArcaEx facility, the PCX will demonstrate that the development and capabilities of its systems satisfy the Commission's Automation Review Policy (''ARP''); *i.e.,* that it has adequate computer system capacity, integrity and security to support its operation. In particular, PCX should continue to provide to Commission staff the results of testing ArcaEx trading system functionality, external market interfaces, and capacity, fail-over testing to the alternate data center, and mock trade testing with member firms.

Based on the foregoing, including the PCX's agreement with respect to surveillance and compliance with ARP, the Commission believes that the relevant regulatory objectives of the Act have been satisfied, and that the PCX's submission of the proposal under section 19(b) of the Act [73] is appropriate.

Nasdaq suggests that, because the PCX has filed a proposed rule change to establish ArcaEx as its facility, the proposal will receive less rigorous scrutiny than if Archipelago Holdings LLC had filed a Form 1 [74] to establish ArcaEx as a national securities exchange. The Commission notes that its publication of notice and solicitation of comments on the ArcaEx proposal would have been no different in the Form 1 process than it was in the rule filing process. Indeed, recognizing that the ArcaEx proposal is unique, the Commission has given the public ample opportunity to comment on a market structure initiative of this magnitude. The proposal was formally filed on July 31, 2000, and has been amended five times. The proposal has twice been the subject of notices in the **Federal Register**. In the many months that the proposal has been in the public domain, interested persons, including other SROs, broker-dealers, investors, and other market participants, have submitted substantial, meaningful comments on the proposal.[75] The Commission believes that the public has had an adequate opportunity, pursuant to section 19(b) of the Act, to scrutinize the proposal and submit comments.

Finally, the Commission notes that, as a national registered exchange, the PCX is required to file an amendment to its Form 1 to reflect the agreement relating to the operation of ArcaEx, including a description of its affiliations with other parties, information describing the reporting, clearance, or settlement of transactions in connection with the operations of the facility, and a copy of existing by-laws or corresponding rules and instruments.[76]

B. A Market Maker Is Not Required for Every Security Traded on ArcaEx

Broker-dealers that register as market makers on ArcaEx would be required to maintain two-sided quotes, and would thereby provide a source of liquidity to the ArcaEx marketplace. Although the PCX believes that broker-dealers will make markets in many securities traded on ArcaEx, the proposed PCXE rules allow securities to be traded on ArcaEx without a registered market maker.

Nasdaq argues that PCX's failure to require a market maker in every security is a ''clear statutory deficiency.'' In Nasdaq's view, the ''most fundamental requirement'' of an exchange is to provide a ''ready source of liquidity,'' and therefore a market maker or specialist must be assigned to each security listed on an exchange.[77]

In the ATS Release,[78] the Commission specifically addressed the question whether the Act requires an exchange to guarantee liquidity in its marketplace. The Commission stated that, although traditional exchanges provide liquidity through two-sided quotations and therefore raise an expectation of execution at the quoted price, modern technology now enables market participants and investors to tap simultaneous and multiple sources of liquidity from remote locations. Significantly, the Commission rejected the suggestion that a guaranteed source of liquidity was a necessary component of an exchange.[79] The Commission notes that, although market makers could be important sources of liquidity on the ArcaEx, they would not be the sole source. In particular, the Arca Book is specifically designed to match the buying and selling interest of all users of ArcaEx. ArcaEx is not required to ensure that a market maker is registered in every PCXE security in order to be the core exchange facility of PCXE.[80]

C. Discretionary Orders Under the Quote Rule

1. The Discretionary Order Type

As discussed in part II, above, a user of ArcaEx would be able to submit a type of order called a discretionary order, which is an order to buy or sell a stated amount of a security at a specified, undisplayed price as well as at a specified, displayed price.[81] A non-marketable discretionary order would be displayed to all users at the displayed price, but the discretionary prices of the order would not be displayed. The undisplayed prices of a discretionary order would be represented in the working order process and could be matched with orders on the other side of the market under prescribed conditions.[82] The PCX believes that, because the discretionary order type

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[69] *See* Securities Exchange Act Release No. 27445 (November 16, 1989), 54 FR 48703, 48705–06 (November 24, 1989); *see also* Securities Exchange Act Release No. 29185 (May 9, 1991), 56 FR 22490 (May 15, 1991).

[70] The Commission notes that the PCX has regulated both a traditional trading floor as well as the OptiMark electronic trading facility.

[71] Letter from Katherine Beck, Senior Vice President and Special Counsel, PCX, to Jonathan G. Katz, Secretary, Commission, dated October 24, 2001.

[72] The Commission notes that, as matter of Commission policy, surveillance programs and procedures are generally kept confidential. The Commission believes that disclosure of specific surveillance procedures could provide information that market participants could use to circumvent regulatory oversight.

[73] 15 U.S.C. 78s(b).

[74] *See* 17 CFR 249.1.

[75] A complete description of the rule filing, as well as such documents as the Equity Trading Permit Application, the Wave Routing Agreement, and other contracts for ArcaEx users, have also been available to the public via the internet. *See* http//www.tradearca.com/exchange, visited on August 21, 2001.

[76] *See* Rule 6a–2, 17 CFR 240.6a–2; see also Form 1, 17 CFR 249.1.

[77] Nasdaq Letter 2 at p.10.

[78] Securities Exchange Act Release No. 40760 (December 8, 1998), 63 FR 70844 (December 22, 1998).

[79] ATS Release, 63 FR at 70898; *see also* Section 3(a)(1) of the Act, 15 U.S.C. 78c(a)(1), and Rule 3b–16, 17 CFR 240.3b–16 (definition of ''exchange'').

[80] The Commission notes that, under the previous PCX equities trading rules, securities that were not traded with sufficient frequency to warrant the attention of a specialist were nonetheless traded on the PCX pursuant to ''cabinet trading programs.'' *See* PCX Rule 7.20. With cabinet trading, buy and sell limit orders are booked for execution on the exchange and executed outside the regular specialist or market maker system. *See also* Section 11A(a)(1)(C) of the Act, 15 U.S.C. 78k–1(a)(1)(C) (opportunity for investors' orders to be executed without the participation of a dealer).

[81] *See* proposed PCXE Rule 7.31(h)(2) (definition of ''discretionary order'').

[82] *See* proposed PCXE Rule 7.37 (description of ArcaEx order execution process).

allows a user to represent a single order at multiple price points, investors would be able to express their trading interest more accurately than is possible with traditional order types. In this way, according to the PCX, ArcaEx would replicate the dynamics of a floor trading model in an electronic environment.

2. The Quote Rule

In its comment letters, Nasdaq questioned whether ArcaEx's discretionary orders comply with the Commission's ''Quote Rule,'' Rule 11Ac1–1 under the Act.[83] The Quote Rule requires exchanges to collect bids, offers, quotation sizes, and aggregate quotation sizes from ''responsible brokers or dealers'' and to make the best prices and aggregate quotation sizes available to quotation vendors.[84] In addition, responsible brokers and dealers must promptly communicate their best bids, offers, and quotation sizes to their exchange and be firm for their published bids and offers in any amount up to their published quotation sizes.[85]

The Quote Rule applies only to trading interest among brokers and dealers that falls within the definition of a bid or an offer. Specifically, the Quote Rule defines ''bid'' and ''offer'' as the ''bid price and the offer price *communicated* by an exchange member or OTC market maker to any broker or dealer, or to any customer, at which it is willing to buy or sell one or more round lots of a covered security, as either principal or agent, but shall not include indications of interest.''[86] Therefore, a responsible broker or dealer must do more than simply indicate its interest in trading; it must affirmatively communicate its intentions to at least one other potential counter-party in the form of a cognizable bid or an offer in order to come under the Quote Rule.

In response to these concerns, the PCX argues that discretionary orders comply with both the letter and the spirit of the Quote Rule. First, the PCX argues that discretionary orders are consistent with the Quote Rule because the discretionary prices are communicated only to the exchange and not to another counter-party.[87] The essence of this argument is that the discretionary price of the discretionary order is not *displayed,* it is not *communicated* to another member or customer, and therefore that price does not qualify as a ''bid'' or an ''offer.'' Second, the PCX argues that undisplayed, discretionary prices represent ''inchoate trading interest,'' and are therefore excluded from the Quote Rule's definition of bid and offer as ''indications of interest.'' In this regard, the PCX contends that discretionary orders are analogous to OptiMark Profiles, a feature of the PCX's former OptiMark equities trading facility.[88]

3. Analysis of Discretionary Orders

The Commission is not persuaded by Nasdaq's assertion that discretionary orders would violate the Quote Rule. Although the Commission recognizes that discretionary orders raise novel issues under the Quote Rule, the Commission does not believe that it would be in the best interests of the national market system or the protection of investors to prohibit the use of discretionary orders on ArcaEx. In the Commission's view, discretionary orders may represent a positive development for equities trading in an electronic exchange environment. The Commission believes that the discretionary order type, for example, might enable an institution to express its trading interest more fully than otherwise would be the case, in a single order covering multiple prices. This in turn could give other investors, both individual and institutional, an opportunity to interact more easily with such orders. In this regard, discretionary orders may give retail investors access to price improvement that previously has not been available in automated trading systems.[89]

In addition, one of the Commission's goals is to encourage ''the deepest, most liquid markets possible.''[90] In the Commission's view, by providing investors with greater flexibility in the expression of their trading interest, discretionary orders may encourage greater investor participation on the PCX, which, in turn, may increase the depth and liquidity of the securities markets.[91]

The Commission notes, moreover, that near equivalents to discretionary orders already exist on our national exchanges. For example, specialists at the New York Stock Exchange (''NYSE'') routinely accept ''percentage orders,'' in which the specialist follows instructions to match bids and offers up to a described limit but ordinarily does not display that limit, and floor brokers on the NYSE work orders with varying degrees of discretion that may be partially converted to displayed bids or offers within an allowed range.[92] In short, the functional equivalents of discretionary orders are being employed at other national securities exchanges today.

After carefully considering the advantages and disadvantages of discretionary orders, the Commission has concluded that discretionary orders are consistent with the Quote Rule. Because discretionary orders as applied on ArcaEx would represent a novel order type, however, the Commission believes that it would be useful to monitor their application in a live trading environment. The PCX has agreed to provide specific information to the Commission's staff with respect to the use of discretionary orders, including their impact on the execution of market orders in the Arca Book. Specifically, the PCX has agreed to

[83] Nasdaq Letter 2 at p.11.

[84] Subsection (a)(21)(i) of the Quote Rule defines the term ''responsible broker or dealer'' to mean: ''When used with respect to bids or offers communicated on an exchange, any member of such exchange who communicates to another member on such exchange, at the location (or locations) designated by such exchange for trading in a covered security, a bid or offer for such covered security, as either principal or agent * * *'' Rule 11Ac1–1(a)(21)(i).

[85] Rule 11Ac1–1(c).

[86] Rule 11Ac1–1(a)(4) (emphasis added).

[87] The Commission solicited comments as to whether discretionary orders on ArcaEx are consistent with the Quote Rule. Nasdaq opposed discretionary orders but provided no analysis to support the position.

[88] *See* Securities Exchange Act Release No. 39086 (September 17, 1997), 62 FR 50036 (September 23, 1997). The Commission does not believe that the undisplayed prices of discretionary orders can properly be characterized as ''indications of interest.'' Unlike OptiMark Profiles, the undisplayed portion of a discretionary order would depend upon a publicly displayed price to establish its priority and standing within the ArcaEx system. Moreover, as the rules of the ArcaEx facility require both the displayed and the undisplayed portions of discretionary orders to be firm, a compatible incoming limit order would be automatically executed against the discretionary price imbedded in a discretionary order.

[89] The Commission notes that the ATS Release recognized the value of conditional orders, and expressly allowed ATSs to continue using reserve size orders, negotiation features, and other similar conditional orders. *See* Securities Exchange Act Release No. 40760 (December 8, 1998), 63 FR 70844, 70866 (December 22, 1998).

[90] Securities Exchange Act Release No. 43084 (July 28, 2000), 65 FR 48406, 48407 (August 8, 2000) (''Disclosure of Order Routing and Execution Practices'').

[91] *Cf.* Securities Exchange Act Release No. 42344 (January 14, 2000), 65 FR 3987, 3995 (January 25, 2000) (stating that increased participation in the Nasdaq National Market Execution System, as a result of the attractiveness of reserve orders for large investors, should enhance the depth and liquidity of the market for Nasdaq National Market securities to the benefit of all market participants).

[92] Discretionary orders may also resemble certain trading practices on regional exchanges, where regional specialists display one set of quotes while guaranteeing their customers more favorable order executions at the NBBO or better, which they do not display. *See, e.g.,* CHX Rule 37(a). The Commission historically has not determined that the order guarantees of regional specialists violate the Quote Rule.

submit data with respect to the following:

- The manner and frequency with which PCX market makers and other users are employing discretionary orders on ArcaEx;
- The extent to which market makers are using discretionary orders when trading for their own accounts;
- The quality of execution of discretionary orders (*e.g.,* inside the quote); and
- The volume of trading attributed to discretionary orders.

This information will enable the Commission's Division of Market Regulation, Office of Economic Analysis, and Office of Compliance Inspections and Examinations to evaluate the practical effects of discretionary orders as applied on ArcaEx.

D. Section 11(a) of the Act

Section 11(a) prohibits a member of a national securities exchange from effecting transactions on that exchange for its own account, the account of an associated person, or an account over which it or its associated person exercises discretion (collectively, covered accounts) unless an exemption applies.[93] The purpose of this section was to encourage fair dealing and fair access in the exchange markets by reducing the conflicts arising from an exchange member trading for its own account in the public exchange markets.[94]

To supplement the exemptions in the statute, the Commission has adopted several rules that provide specific exemptions for transactions that would otherwise be prohibited by section 11(a). For example, Rule 11a1–1(T) provides that a member's proprietary order may be executed on the exchange to which the member belongs, as long as (1) the member discloses to the broker employed and to the trading floor that the order is proprietary,[95] and (2) any member presenting a proprietary order on the exchange floor yields priority to any bid or offer at the same price that is not also a proprietary order, notwithstanding any otherwise applicable rules of priority, parity, and precedence.[96] In addition, Rule 11a2–2(T) permits an exchange member to effect transactions for covered accounts if, among other things, the member uses an independent floor broker to execute the transactions on the exchange floor.[97] In particular, a member relying on Rule 11a2–2(T): (1) Must transmit the order from off the exchange floor; (2) may not participate in the execution of the transaction once it has been transmitted to the member performing the execution; [98] (3) may not be affiliated with the executing member; and (4) with respect to an account over which the member or an associated person has investment discretion, neither the member nor the associated person may retain any compensation in connection with effecting the transaction without express written consent from the person authorized to transact business for the account in accordance with the rule. The purpose of these requirements is ''to put members and non-members on the same footing, to the extent practicable, in light of the purposes of section 11(a).'' [99]

As noted above, the Phlx asserted that the operation of ArcaEx would be inconsistent with the requirements of section 11(a) because members' proprietary orders would not yield priority to public customer orders. In response to this comment, the PCX explained that ArcaEx is not relying on the exemption provide by Rule 11a1–1(T), but rather is relying on Rule 11a2–2(T). As the PCX explained, ''the order execution algorithm of ArcaEx complies with the formal requirements of, and satisfies the policy concerns underlying, section 11(a) without requiring public customer priority.'' [100]

In particular, the PCX explained that all users, including exchange members, would transmit their orders electronically directly to ArcaEx from remote terminals. Once an order has been transmitted, a user could not further control or influence the order's execution. The orders enter a line of other orders to be executed against each other in the Arca Book based on an established matching algorithm. Execution depends on what orders are entered into ArcaEx at the same time, what orders are already in the Arca Book, and how the orders are ranked based on the time-price ranking algorithm.[101]

This electronic order and execution process of ArcaEx satisfies the four criteria of Rule 11a2–2(T). First, all orders are electronically submitted through remote terminals from off the exchange floor. Second, because a member relinquishes control of its order after transmission to ArcaEx, it receives no special or unique trading advantages. Third, although the rule contemplates having an order executed by an exchange member who is unaffiliated with the member initiating the order, the Commission recognizes that this requirement is not applicable when automated exchange facilities are used.[102] Fourth, ArcaEx members trading for covered accounts will disclose discretionary account compensation, as required by the rule. The Commission and its staff have, on numerous occasions, considered the application of Rule 11a2–2(T) to electronic trading and order routing

[93] 15 U.S.C. 78k(a). In addition to the exemptions contained in Section 11(a) of the Act, the Commission has adopted rules under this Section to provide additional exemptions. *See* 17 CFR 240.11a–1 (regulation of floor trading); 17 CFR 240.11a1–1(T) (transactions yielding priority, parity, and precedence); 17 CFR 240.11a1–2 (transactions for certain accounts of associated persons of members); 17 CFR 240.11a1–3(T) (bona fide hedge transactions in certain securities), 17 CFR 240.11a1–4(T) (bond transactions on national securities exchanges), 17 CFR 240.11a1–5 (transactions by registered competitive market makers and registered equity market makers); 17 CFR 240.11a1–6 (transactions for certain accounts of OTC derivatives); and 17 CFR 240.11a2–2(T) (transactions effected by exchange members through other members).

[94] *See* 78 Cong. Rec. 2270–71 (1934).

[95] Specifically, Rule 11a1–1(T)(a)(1) provides that the member must disclose that the order is proprietary to any member with whom the order is placed or to whom the order is communicated, and members with whom such an order is placed or communicated must disclose the proprietary status of the order to others participating in effecting the order. Rule 11a1–1(T)(a)(2) provides that immediately before executing a proprietary order, a member (other than the specialist in the security being traded) presenting such an order must ''clearly announce or otherwise indicate'' to the specialist and to any other members then present for trading in that security, that the order is proprietary.

[96] Proprietary orders must yield to non-proprietary orders at the same price, regardless of the size of the orders or the time at which they are entered. *See* Rule 11a1–1(T)(a)(3), 17 CFR 240.11a1–1(T)(a)(3).

[97] *See* Rule 11a2–2(T)(a)(2), 17 CFR 240.11a2–2(T)(a)(2). *See also* Securities Exchange Act Release No. 14563 (March 14, 1978), 43 FR 11542 (March 17, 1978) (orders that are cancelled or changed under this rule are treated as new orders; such instructions must also be transmitted to the executing broker from off the floor); Securities Exchange Act Release No. 14713 (April 28, 1978), 43 FR 18557 (May 1, 1978) (orders must be transmitted directly to the executing broker from off the floor; they can not be sent through the initiating member's floor employees).

[98] The member may participate, however, in clearing and settling the transaction.

[99] Securities Exchange Act Release No. 14713 (April 28, 1978), 43 FR 18557 (May 1, 1978).

[100] *See* PCX Response 1 at p. 12.

[101] The Commission notes that proposed PCXE Rule 6.16 would prohibit ETP Holders from trading ahead of customer limit orders.

[102] For example, in considering the operation of automated execution systems operated by an exchange, the Commission noted that while there is no independent executing exchange member, the execution of an order is automatic once it has been transmitted into the systems. Because the design of these systems ensures that members do not possess any special or unique trading advantages in handling their orders after transmitting them to the exchange floors, the Commission has stated that executions obtained through these systems satisfy the independent execution requirement of Rule 11a2–2(T). *See* Securities Exchange Act Release No. 15533 (January 29, 1979).

systems.[103] The PCX requested guidance from the staff regarding PCX's interpretation of how ArcaEx meets the requirements of Rule11a2–2(T), and the staff concurred with PCX's interpretation.[104] The Commission finds that the proposed operation of ArcaEx is consistent with section 11(a) of the Act.

E. The Wave Broker-Dealer

1. The Proposed Functions of Wave

Wave, a wholly owned subsidiary of Archipelago Holdings LLC, is a registered broker-dealer and a member of the NASD. The PCX described Wave's three functions with respect to ArcaEx in Amendment No. 3 to the proposed rule change.

First, Wave would register as an ETP Holder and act as an introducing broker for customers that are non-ETP Holders. In that capacity, Wave would provide sponsored access to ArcaEx pursuant to contractual relationships with entities that are not ETP Holders.

Second, Wave would provide an optional routing service for ArcaEx, and, as necessary, would route orders to other market centers from ArcaEx.[105] Those who choose to use this service would sign a Wave Routing Agreement that reads, in pertinent part:

> User agrees that all orders on its behalf must be transmitted to WAVE through the Archipelago Exchange. User agrees that the Archipelago Exchange is its exclusive mechanism for purposes of transmitting orders on its behalf to WAVE and for receiving notice regarding such orders. WAVE shall be entitled to rely upon and act in accordance with any order instructions received from the Archipelago Exchange on behalf of User. User agrees that all order executions effected on behalf of User pursuant to this agreement shall be reported by WAVE to the Archipelago Exchange. The User shall be notified of such executions through the Archipelago Exchange.[106]

In addition, the Wave routing agreement provides that orders routed through Wave will remain subject to the rules of PCXE.[107]

Third, Wave would continue to operate an ECN. Wave's ECN would trade only those securities that are ineligible for unlisted trading privileges on ArcaEx. As proposed, Wave's ECN would continue to trade the securities that are ineligible for unlisted trading on ArcaEx, but it would cease trading those securities if they became eligible.[108]

2. ArcaEx's Affiliation with Wave

As noted above, Archipelago Holdings LLC would own both ArcaEx, a facility of the PCX, and Wave, a broker-dealer. Nasdaq and Knight expressed concerns regarding ArcaEx's affiliation with the Wave broker-dealer operating in the capacities described above. Specifically, in their comment letters, Nasdaq and Knight contended that the proposed market structure of ArcaEx, particularly the relationship between ArcaEx and Wave, would be anti-competitive.[109] Nasdaq believes that Wave's order routing mechanism, combined with its role as an introducing broker and its maintenance of an ECN for trading Nasdaq securities, would create a troubling conflict of interest and would result in a competitive imbalance between Wave and other ETP Holders. Similarly, Knight believes that the proposal does not adequately address Wave's potential conflict as a broker-dealer and an order-routing mechanism for ArcaEx.

Under section 6 of the Act, the rules of a national securities exchange must not be designed to permit unfair discrimination between customers, issuers, brokers, or dealers.[110] The Commission recognizes that the potential for unfair discrimination may be heightened if a national securities exchange or its affiliate owns or operates a broker dealer. This is because the financial interests of the national securities exchange may conflict with its responsibilities as an SRO regarding the affiliated broker-dealer. For this reason, the national securities exchange must not serve as the self-regulatory organization that is primarily responsible for examining its affiliated broker-dealer.[111] Moreover, a conflict of interest would arise if the national securities exchange (or an affiliate) provided advantages to its broker-dealer that are not available to other members, or provided a feature to all members that was designed to give its broker-dealer a special advantage. These advantages, such as greater access to information, improved speed of execution, or enhanced operational capabilities in dealing with the exchange, might constitute unfair discrimination under the Act. The Commission has considered these potentially unfair advantages in the light of Wave's proposed functions.

a. The PCX Application of the Wave Order-Routing Function

Both Nasdaq and Knight believe that users who do not choose to enter into a routing agreement, and therefore do not use the order routing services of Wave, would be placed at a competitive disadvantage *vis a vis* users who opt to enter into a routing agreement. Moreover, Knight suggested that Wave would violate the fair access provisions of the Act because certain order types would not be available to those who have chosen not to use Wave. Finally, Nasdaq suggested that, because ArcaEx would have to return the partially executed or unexecuted orders to non-users of Wave, who would then route the orders by alternative means, the price and speed of execution for such orders could be significantly compromised.

The PCX addressed Wave's role as an optional order routing mechanism of the PCX in considerable detail. First, the PCX asserted its view that no denial of access issues arise with respect to any order type, regardless of their routing mechanism, because every user must satisfy identical, objective requirements for submitting each order type.[112] In the PCX's view, as the requirements do not vary based on the identity of the user, the routing procedures and mechanisms

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[103] *See, e.g.,* Securities Exchange Act Release No. 29237 (May 31, 1991) (regarding NYSE's Off-Hours Trading Facility); Securities Exchange Act Release No. 15533 (January 29, 1979) (regarding the Amex Post Execution Reporting System, the Amex Switching System, the Intermarket Trading System, the Multiple Dealer Trading Facility of the Cincinnati Stock Exchange, the PCX's Communications and Execution System, and the Phlx's Automated Communications and Execution System); Securities Exchange Act Release No. 14563 (March 14, 1978) (regarding the NYSE's Designated Order Turnaround System). *See also* Letter from Larry E. Bergmann, Senior Associate Director, Division of Market Regulation, SEC, to Edith Hallahan, Associate General Counsel, Phlx (March 24, 1999) (regarding Phlx's VWAP Trading System); Letter from Catherine McGuire, Chief Counsel, Division of Market Regulation, SEC, to David E. Rosedahl, PCX (November 30, 1998) (regarding OptiMark); and Letter from Brandon Becker, Director, Division of Market Regulation, SEC, to George T. Simon, Foley & Lardner (November 30, 1994) (regarding Chicago Match).

[104] Letter from Catherine McGuire, Chief Counsel, Division of Market Regulation, SEC, to Kathryn Beck, Senior Vice President and Special Counsel, PCX, dated October 25, 2001.

[105] *See, e.g.,* proposed PCXE Rules 1.1(gg), 7.32 and 7.37(d).

[106] *See* Wave Routing Agreement, http://www.tradearca.com/exchange, visited on October 14, 2001.

[107] *Id.* (''User understands and agrees that orders executed on its behalf shall at all times be subject to the terms and conditions of the PCXE Rules.'')

[108] Unlisted trading privileges of Nasdaq securities on national securities exchanges are subject to the OTC-UTP Plan and Section 12(f) of the Act. Currently, 1,000 Nasdaq National Market issues may be admitted to unlisted trading privileges on national securities exchanges.

[109] *See* Nasdaq Letters 2 and 3; Knight Letters 1 and 2.

[110] *See* Section 6(b)(5) of the Act, 15 U.S.C. 78f(b)(5).

[111] *See* ATS Release, 63 FR at 70892. Indeed, as the Commission noted in the ATS Release, a national securities exchange that operates a broker-dealer/alternative trading system must arrange for another SRO to act as the regulator for that entity. Here, the NASD will be the designated examining authority for those functions of Wave that are not facilities of the PCX.

[112] *See* PCX Response 2 and 3.

do not unfairly discriminate against any particular class of user.[113]

Second, the PCX noted that, although users could opt to route orders from ArcaEx to other market centers through the Wave order routing function, no ArcaEx user would be required to use Wave for this purpose.[114] Members could also select other broker-dealers to provide order-routing functions. Under the PCX's proposal, if a user has not chosen to use Wave's routing services, the user's unexecuted or partially unexecuted order would be returned to the user or its designated agent after a sweep of the ArcaEx market.[115] Once the order is returned, the user would then be able to route it to another market center by an alternative means. As an example, the PCX pointed out that a user could opt to bypass Wave entirely and instead rely on its own routing abilities or those of another broker-dealer by using a ''fill or return'' or a ''fill or return plus'' order.[116] By using those orders, a user could route its order to another market in a manner of its own choosing if the order is not fully executed on the ArcaEx.

Third, the PCX emphasized that users who opt out of the Wave routing services would be precluded from entering only a very limited subset of orders that specifically incorporate a Wave routing requirement within the definition of the order. In particular, non-users of Wave would be unable to enter only a primary-only order (an order that is automatically routed to the primary market as a market-on-open order) and a NOW order (an order that is automatically routed to a different market center for immediate execution).[117] In handling these particular orders, which are executed solely on another market, WAVE does not have advantages from its ArcaEx function. The PCX also represented that information barriers would be maintained to ensure that Wave does not unfairly take advantage of knowledge gained as the PCX's order routing mechanism.

The Commission believes that, although Wave's routing services are optional, Wave's order-routing function occupies a special position with respect to ArcaEx. In the Commission's view, Wave is uniquely linked to and endorsed by ArcaEx to provide its outbound routing functionality. Therefore, the Commission believes, and the PCX agrees, that the PCX application of the Wave order-routing function falls within the definition of a facility under the Act. Section 3(a)(2) of the Act provides:

> The term ''facility'' when used with respect to an exchange includes its premises, tangible or intangible property whether on the premises or not, any right to use of such premises or property or any service thereof *for the purpose of effecting or reporting a transaction on the exchange (including, among other things, any system of communication to or from the exchange,* by ticket or otherwise maintained by or with the consent of the exchange), and any right of the exchange to the use of any property or service. (Emphasis added.)

In the Commission's view, by functioning as an order routing mechanism for ArcaEx, Wave would operate as a ''system of communication'' to or from the PCX for the purpose of effecting a transaction on the exchange. Specifically, pursuant to contract, Wave would receive instructions from ArcaEx, would route orders away in accordance with those instructions, and would be responsible for reporting resulting executions back to ArcaEx.[118] In addition, as discussed above, all orders routed through Wave would remain subject to the terms and conditions of the PCX's rules.[119]

Because the application of the Wave order routing function is a facility of the PCX, the PCX would be responsible for regulating the Wave order routing function as an exchange facility subject to section 6 of the Act. As such, Wave's order routing function would be subject to the Commission's continuing oversight. In particular, under the Act, the PCX must file rule changes and fees relating to the Wave order-routing function, and Wave would be subject to exchange non-discrimination requirements.[120] These requirements are intended to address the potential misuse of advantages that might arise from Wave's order-routing function.[121]

b. Wave's Function as Introducing Broker for ArcaEx

The PCX's indirect ownership of Wave, combined with Wave's role as an introducing broker to ArcaEx, raises the question whether Wave in this role should be considered a facility of the PCX. Despite Wave's affiliation with the PCX, the Commission does not believe that Wave's introducing broker function should necessarily be viewed as constituting a facility of the PCX.[122] In its introducing broker role, Wave would be acting as a user/member of the ArcaEx on precisely the same terms as any other member. Wave would not be the sole source of sponsored access to ArcaEx; all other ETP Holders could readily provide similar services on behalf of their customers. In addition, the PCX is subject to existing statutory standards that prohibit denials of access and other unfair discrimination against any member regarding access to the PCX's services. Those standards would preclude the PCX from providing Wave with unfair, preferential access to its facilities.

Furthermore, the PCX has provided additional protections to limit the risk that Wave would receive an unfair advantage over other ETP Holders in operating as an introducing broker. The PCX has instituted safeguards to ensure that Wave's introducing broker function would be segregated from the operation of the PCX and its facilities, so that Wave would not receive any informational advantages from its affiliation with ArcaEx and the PCX. Specifically, proposed PCXE Rule 14 requires the PCX to maintain strong information barriers between its facilities and other functions of the Wave broker-dealer.[123]

The Commission believes that the availability of sponsored access to ArcaEx from multiple sources, coupled with the segregation of functions described above, would adequately protect investors and the public interest from potential concerns arising from the

[113] *See*, e.g., Section 6(b)(5) of the Act (the rules of an exchange may not be designed to permit ''unfair discrimination'').

[114] *See*, e.g., proposed PCXE Rules 1.1(gg), 7.32 and 7.37(d). The PCX explained the PCX and Archipelago opted to employ the services of a routing broker (rather than to rely on routing orders to other markets directly from PCX itself) simply because of various technical issues associated with market center-to-market center routing.

[115] *See* proposed PCXE Rule 7.37(d) (describing ''Routing Away,'' Step 5 of the trading algorithm, after the directed order, display order, working order and tracking order processes).

[116] *See* proposed PCXE Rules 7.31(p) and 7.31(r) (definitions of ''fill or return'' and ''fill or return plus'' orders, respectively).

[117] *See* proposed PCXE Rule 7.31(v) and (x) (definitions of ''NOW'' and ''primary only'' orders, respectively).

[118] These trades would be reported by the executing market.

[119] *See* Wave Routing Agreement, http://www.tradearca.com/exchange, visited on October 14, 2001.

[120] *See*, e.g., Section 6(b)(5) of the Act, 15 U.S.C. 78f(b)(5).

[121] The Commission also believes that, because Wave's order-routing function is optional and because those who decline to use it would continue to have full access to the rest of the ArcaEx facility, the Wave order-routing function would not be per se unfairly discriminatory.

[122] Cf. Securities Exchange Act Release No. 44201 (April 18, 2001), 66 FR 21025 (April 26, 2001) (Certain aspects of OTC Tools software application providing enhanced access to Nasdaq functionality, which was owned and exclusively available through the NASD was considered a facility of the NASD).

[123] *See* Amendment No. 5 to the proposed rule change.

PCX's affiliation with Wave. This analysis would change, however, should Wave become the sole or predominant source of sponsored access to ArcaEx, or should the PCX's information barriers prove to be ineffective. In that case, the potential advantages provided to Wave in its operation as an introducing broker from its affiliation with the PCX may cause Wave to be considered a facility of the PCX and therefore subject to the requirements of section 6 of the Act.

c. Wave's Operation of an ECN

As noted above, Nasdaq expressed the view that Wave's ECN should be regulated as a facility of the PCX. The PCX submitted a response in which it argued that Wave's ECN does not meet the definition of a facility under section 3(a)(2) of the Act. The PCX noted that Wave's ECN would perform a very limited trading function, serving as an ECN for only those Nasdaq securities that are not eligible for trading on ArcaEx.

In the ATS Release, the Commission stated that exchanges may ''form subsidiaries or affiliates that operate alternative trading systems registered as broker-dealers.''[124] Such subsidiaries or affiliates are required to become members of a national securities association or national securities exchange. Furthermore, the alternative trading system would be considered a facility of its affiliated exchange if it were integrated or otherwise linked to that exchange.

Here, Wave's ECN will continue to be regulated by the NASD rather than the PCX,[125] will trade only those Nasdaq securities that are not eligible for trading on the PCX, and will not be integrated or otherwise linked to the PCX. In addition, the PCX has represented that once all Nasdaq securities are eligible for trading on the PCX, the Wave ECN will cease operation completely. In view of the foregoing, the Commission believes that the Wave ECN is not a facility of the PCX, and that it is properly regulated within the framework that Regulation ATS establishes.

V. Commission's Findings

On the basis of the facts and conclusions discussed in Sections I through IV above, the Commission makes the following findings with respect to the PCX's proposal.

[124] *See* ATS Release, 63 FR at 70891.

[125] *See* PCX Response 2 and 3.

A. Competition, Efficiency, and Capital Formation

In reviewing the PCX's proposal, the Commission is required under section 3(f) of the Act [126] to consider whether the proposal will promote competition, efficiency, and capital formation. In addition, section 6(b)(8) requires that the rules of an exchange not impose any burden on competition that is not necessary or appropriate in furtherance of the purposes of the Act.[127]

As noted above, in the Commission's view, the proposed ArcaEx facility would provide a new and technologically advanced way for trading interest to be matched and orders to be executed on the PCX. If the ArcaEx facility is able to attract new market participants and to increase order flow to the PCX, the facility could promote greater competition among market centers. In particular, ArcaEx's trading rules are designed to encourage the use of various tools, such as discretionary orders and reserve size, that will allow investors greater flexibility in displaying and managing their orders, thereby allowing them to more fully represent their trading interest in a public marketplace. Thus, the Commission believes that the PCX's proposal does not impose any burden on competition that is not necessary or appropriate in furtherance of the purposes of the Act.

Moreover, if the ArcaEx facility succeeds in attracting more order flow to the PCX, the PCX may begin to serve as a greater source of liquidity for investors, and this in turn could promote greater efficiency of executions. Similarly, the availability of novel features will provide investors and issuers with new opportunities to interact, thereby encouraging capital formation.

B. Section 6(b)(5) of the Act

The Commission finds that the PCX's proposed rules establishing the ArcaEx as its facility are consistent with section 6(b)(5) of the Act,[128] in that the rules have been designed to remove impediments to and to perfect the mechanism of a free and open market and a national market system, while also protecting investors and the public interest. Specifically, the PCX's rule proposal would create a new electronic platform for matching and executing orders. Significant features of the ArcaEx facility (as reflected in the PCXE rules), such as the availability, in real time, of the entire displayed book via the internet, would provide investors with more timely and accurate information regarding trading interest on the facility. In addition, the use of discretionary orders on ArcaEx may provide investors with greater flexibility to represent their trading interest accurately and completely. Further, the order routing function and the ITS connection would also provide investors entering orders into ArcaEx with the ability to access the best prices in different markets should their order not be executable on the Arca Book.

In addition, the Commission finds that the PCX's proposal is consistent with the requirements of section 6(b)(5) that the rules of an exchange be designed to prevent fraudulent and manipulative acts and to promote just and equitable principles of trade, and that they not be designed to permit unfair discrimination among customers, issuers, or broker-dealers. Specifically, the PCX has, when necessary and appropriate, adapted its customer protection rules to reflect its adoption of the all-electronic ArcaEx trading facility.[129] The PCX has also committed to develop and maintain an appropriate system of surveillance and an audit trail. Finally, by rule, the PCX has proposed to segregate the functions of the ArcaEx facility and the functions of Wave that are not regulated as facilities of the PCX. Accordingly, the Commission does not believe that the PCX's rules permit unfair discrimination among users of ArcaEx.

C. Section 11A of the Act

In section 11A(a)(1)(C),[130] Congress found that it is in the public interest and appropriate for the protection of investors and the maintenance of fair and orderly markets to assure: (1) The economically efficient execution of securities transactions; (2) fair competition among brokers and dealers; (3) the availability to brokers, dealers, and investors of information with respect to quotations and transactions in securities; (4) the practicability of brokers executing investors' orders in the best market; and (5) an opportunity for investors' orders to be executed without the participation of a dealer. Congress also recognized that technology would drive competition among the securities markets, stating, ''[n]ew data processing and communications techniques create the opportunity for more efficient and

[126] 15 U.S.C. 78c(f).

[127] 15 U.S.C. 78f(b)(8).

[128] 15 U.S.C. 78f(b)(5).

[129] *See, e.g.,* proposed PCXE Rule 6.16 (prohibiting members from trading ahead of customer limit orders).

[130] 15 U.S.C. 78k–1(a)(1)(C).

effective market operations.''[131] Congress instructed the Commission to seek to ''enhance competition and to allow economic forces, interacting with a fair regulatory field, to arrive at appropriate variation in practices and services.''[132]

The Commission believes that the proposal incorporates features that will provide investors with the opportunity to receive economically efficient execution of their securities transactions and to promote fair and orderly markets.[133] In addition to the features noted above, the Commission notes that a significant feature of the Arca Book is that it potentially provides an opportunity for investors' orders to be executed without the participation of a market maker. The Commission also believes that the real-time dissemination of the Arca Book to the public via the internet will provide valuable information to all market participants and is reasonably designed to promote price discovery. Finally, the Commission believes that ArcaEx's routing technology and link to ITS will allow investor orders efficiently to reach other markets with better prices. Therefore, Commission finds that the PCX's proposal is consistent with section 11A of the Act.

VI. Solicitation of Comments

Interested persons are invited to submit written data, views and arguments concerning Amendment Nos. 4 and 5, including whether Amendment Nos. 4 and 5 are consistent with the Act. Persons making written submissions should file six copies thereof with the Secretary, Securities and Exchange Commission, 450 Fifth Street, NW, Washington, DC 20549–0609. Copies of the submission, all subsequent amendments, all written statements with respect to the proposed rule change that are filed with the Commission, and all written communications relating to the proposed rule change between the Commission and any person, other than those that may be withheld from the public in accordance with the provisions of 5 U.S.C. 552, will be available for inspection and copying in the Commission's Public Reference Room. Copies of such filing will also be available for inspection and copying at the principal office of the PCX. All submissions should refer to Amendment Nos. 4 and 5 of File No. SR–PCX–2000–25 and should be submitted by November 23, 2001.

VII. Order Granting Approval

The original rule proposal was noticed for public comment in November 2000. Amendment No. 4 makes technical corrections to the rules and adds a provision with respect to the status of the books and records of Archipelago Holdings LLC. Amendment No. 5 is directly responsive to questions raised by commenters regarding the status of Wave. The Commission believes that it has received and fully considered substantial, meaningful comments with respect to the PCX's proposal, as amended, and that Amendment Nos. 4 and 5 do not raise issues that warrant further delay.[134] Accordingly, pursuant to section 19(b)(2) of the Act,[135] the Commission finds good cause to approve Amendment Nos. 4 and 5 prior to the thirtieth day after notice of the Amendments is published in the **Federal Register**.

It is therefore ordered, pursuant to section 19(b)(2) of the Act,[136] that Amendment Nos. 4 and 5 to the PCX's proposed rule change are hereby granted accelerated approval; and

It is also ordered, pursuant to section 19(b)(2) of the Act,[137] that the proposed rule change (File No. SR–PCX–00–25), as amended, is hereby approved.

By the Commission.

Margaret H. McFarland,

Deputy Secretary.

[FR Doc. 01–27417 Filed 10–31–01; 8:45 am]

BILLING CODE 8010–01–P

SECURITIES AND EXCHANGE COMMISSION

[Release No. 34–44991; File No. SR–PHLX–2001–74]

Self-Regulatory Organizations; Order Approving Proposed Rule Change by the Philadelphia Stock Exchange, Inc. To Amend Phlx By-Law Article XII, Section 12–4 and Article XV, Sections 15–1 and 15–2

October 26, 2001.

On August 7, 2001, the Philadelphia Stock Exchange, Inc. (''Phlx'' or ''Exchange'') submitted to the Securities and Exchange Commission (''Commission''), pursuant to section 19(b)(1) of the Securities Exchange Act of 1934 (''Act''),[1] and rule 19b–4 thereunder,[2] a proposed rule change that would: (i) Amend Phlx By-Law Article XII, section 12–4 and Article XV sections 15–1 and 15–2 to reduce the current 14-day posting period for membership and foreign currency options participation transfers to seven days,[3] (i) change the notice of posting from the Exchange bulletin board to the Phlx website while retaining publication in the Secretary's Weekly Bulletin; and (iii) allow the Chairman or his designate to reduce the posting period as deemed appropriate upon determination that such action is in the best interests of the Exchange. The **Federal Register** published the proposed rule change for comment on September 26, 2001.[4] The Commission received no comments on the propsoal.

The Commission finds that the proposed rule change is consistent with the requirements of the Act and the rules and regulations thereunder applicable to a national securities exchange[5] and, in particular, the requirements of section 6 of the Act[6] and the rules and regulations thereunder. The Commission finds that the proposed rule change is consistent with section 6(b)(5) of the Act[7] and believes that the proposed rules should continue to provide members with sufficient notice of proposed transfers of memberships or foreign currency options participations to allow for the submission of information concerning an applicant's qualifications and fitness for membership. Therefore, the Commission finds the proposed rule change is designed to promote just and equitable principles of trade, to prevent fraudulent and manipulative acts and,

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[131] *Id.*

[132] *See* S. Rep. No. 94–75, 94th Cong., 1st Sess. 7 (1975) at p. 8.

[133] 15 U.S.C. 78k–1.

[134] *See also* discussion at text accompanying note 76, *supra.*

[135] 15 U.S.C. 78s(b)(2).

[136] *Id.*

[137] *Id.*

[1] 15 U.S.C. 78s(b)(1).

[2] 17 CFR 240.19b–4.

[3] As required by Exchange By-Law Article, XXII, section 22–2, the Exchange issued notice of the proposed By-Law amendments to Articles XII and XV to its membership on April 11, 2001 and July 10, 2001, respectively. The Exchange represents that it did not receive a request from 17 or more members for a special meeting of the Exchange to consider the proposed amendment. As a result, the Board approved the proposed amendment to By-Law Article XII on May 16, 2001, and approved the proposed amendment to By-Law Article XV on August 1, 2001. Telephone conversation between Murray L. Ross, Vice President and Secretary, Phlx, Florence Harmon, Senior Special Counsel, Division of Market Regulation (''Division'') Commission, and Sonia Patton, Special Counsel, Division, Commission (September 13, 2001).

[4] Securities Exchange Act Release No. 44819 (September 19, 2001), 66 FR 49242.

[5] In approving this proposed rule change, the Commission notes that it has considered the proposed rule's impact on efficiency, competition, and capital formation. 15 U.S.C. 78c(f).

[6] 15 U.S.C. 78f.

[7] 15 U.S.C. 78f(b)(5).

in general, to protect investors and the public interest.

It Is Therefore Ordered, pursuant to section 19(b)(2) of the Act,[8] that the proposed rule change (SR–Phlx–2001–74) be, and it hereby is, approved.

For the Commission, by the Division of Market Regulation, pursuant to delegated authority.[9]

Margaret H. McFarland,

Deputy Secretary.

[FR Doc. 01–27442 Filed 10–31–01; 8:45 am]

BILLING CODE 8010–01–M

DEPARTMENT OF TRANSPORTATION

Coast Guard

[USCG 2001–10855]

Collection of Information Under Review by Office of Management and Budget (OMB): OMB Control Number 2115–0636

AGENCY: Coast Guard, DOT.

ACTION: Request for comments.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995, the Coast Guard intends to seek the approval of OMB for the renewal of one Information Collection Request (ICR). The ICR concerns the survey of ''customers'' of the International Ice Patrol run by the Coast Guard. Before submitting the ICR to OMB, the Coast Guard is requesting comments on it.

DATES: Comments must reach the Coast Guard on or before December 31, 2001.

ADDRESSES: You may mail comments to the Docket Management System (DMS) [USCG 2001–10855], U.S. Department of Transportation (DOT), room PL–401, 400 Seventh Street SW., Washington, DC 20590–0001, or deliver them to room PL–401, located on the Plaza Level of the Nassif Building at the same address between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays. The telephone number is 202–366–9329.

The DMS maintains the public docket for this request. Comments will become part of this docket and will be available for inspection or copying in room PL–401, located on the Plaza Level of the Nassif Building at the above address between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays. You may also access this docket on the Internet at *http://dms.dot.gov.*

Copies of the complete ICR are available through this docket on the Internet at *http://dms.dot.gov* and also from Commandant (G–CIM–2), U.S. Coast Guard Headquarters, room 6106 (Attn: Barbara Davis), 2100 Second Street SW., Washington, DC 20593–0001. The telephone number is 202–267–2326.

FOR FURTHER INFORMATION CONTACT: Barbara Davis, Office of Information Management, 202–267–2326, for questions on this document; or Dorothy Beard, Chief, Documentary Services Division, U.S. Department of Transportation, 202–366–5149, for questions on the docket.

Request for Comments

The Coast Guard encourages interested persons to submit written comments. Persons submitting comments should include their names and addresses, identify this document [USCG 2001–10855], and give the reason for the comments. Please submit all comments and attachments in an unbound format no larger than 8½ by 11 inches, suitable for copying and electronic filing. Persons wanting acknowledgment of receipt of comments should enclose stamped self-addressed postcards or envelopes.

Information Collection Request

1. *Title:* Survey of Customers of the International Ice Patrol (IIP) Run by the Coast Guard.

OMB Control Number: 2115–0636.

Summary: The Coast Guard will use the information obtained from direct customers to measure satisfaction with current services and determine whether added services are necessary.

Need: The IIP monitors the extent of danger due to icebergs near the Grand Banks of Newfoundland and warns the maritime community of the danger by broadcasting the southeastern, southern, and southwestern limits of all known ice in two message bulletins and one radiofacsimile chart each day. Executive Order 12862 requires us to evaluate our services and assess our customers' satisfaction.

Respondents: Masters, crewmembers, scientists, or other persons that use the bulletins or charts of the IIP.

Frequency: Annual.

Burden Estimate: The estimated burden is 125 hours a year.

Dated: October 17, 2001.

V.S. Crea,

Director of Information and Technology.

[FR Doc. 01–27477 Filed 10–31–01; 8:45 am]

BILLING CODE 4910–15–U

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

Aviation Insurance Incremental Premium Reimbursement

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Notice.

SUMMARY: The Air Transportation System Safety and Stabilization Act of September 22, 2001 authorized the FAA to reimburse qualifying air carriers for the difference in insurance premiums paid as a result of increases resulting from the premium increases experienced after the September 11 New York City terrorists attacks. The FAA will provide stabilizing reimbursement payments to aid the carrier's financial recovery. The FAA is publishing the contents of a letter it has distributed and notice of the internet web access which explains the process for a carrier to apply for reimbursement.

FOR FURTHER INFORMATION CONTACT: Ms. Nan Shellabarger, Office of Aviation Policy and Plans, APO–2, Federal Aviation Administration, 800 Independence Ave., SW., Washington, DC 20591, telephone: (202) 267–3275.

SUPPLEMENTARY INFORMATION: Pursuant to section 201(b)(1) of the Air Transportation System Safety and Stabilization Act, (Pub. L. No. 107–42, 115 Stat. 230, Sept. 22, 2001), the Federal Aviation Administration's Aviation Insurance Program hereby offers to partially reimburse your company for the increases in the war risk insurance premiums above that paid by your company for comparable operations during the period beginning on September 4, 2001, and ending on September 10, 2001. This offer is subject to final funding availability.

The attached letter and application can also be viewed on the web at: *http://api/hq.faa.gov/911/policies/inscover.html.*

Issued in Washington, DC, on October 29, 2001.

John M. Rodgers,

Director, Office of Aviation Policy and Plans.

Date: October 26, 2001

TO: U.S. Air Carriers

Aviation Insurance Incremental Premium Reimbursement

Dear Air Carrier Insurance Representative: Pursuant to section 201(b)(1) of the Air Transportation System Safety and Stabilization Act, (Pub. L. No. 107–42, 115 Stat. 230, Sept. 22, 2001), the Federal Aviation Administration's Aviation Insurance Program hereby offers to partially reimburse your company for the increases in the war risk insurance premiums above that

[8] 15 U.S.C. 78s(b)(2).

[9] 17 CFR 200.30–3(a)(12).

paid by your company for comparable operations during the period beginning on September 4, 2001, and ending on September 10, 2001. This offer is subject to final funding availability.

This reimbursement will only cover premium increases—

(a) for coverage against loss or damage arising out of war risks from the operation of an ''American aircraft,'' as that term is defined at 49 USC 44301(1); and

(b) for the thirty-day period beginning at 12:01 a.m. on the day following the cancellation of the war risk insurance that was in effect for your company on September 11, 2001, and ending at 12:00 midnight on the thirtieth day following.

To request this reimbursement, follow the instructions below. You must submit your request for reimbursement with appropriate documentation for receipt by the FAA by close of business November 2, 2001, to be eligible for this reimbursement. Fax or e-mail requests are allowed, but must be followed by original documents sent via express courier or mail.

A final determination of the amount of payment for reimbursement will be made by the FAA after November 2 when all applications for reimbursement shall have been received and the sum of requests for reimbursement is known. The amount of reimbursement will be pro-rated based on the availability of funds for this purpose in the Aviation Insurance Revolving Fund. Additional payments may be made from the Revolving Fund as additional amounts become available from the ''2001 Emergency Supplemental Appropriations Act for Recovery from and Response to Terrorist Attacks on the United States''.

Instructions for Application for Reimbursement

1. Complete the attached invoice with the following information.

A. Airline Name.

B. FAA Reference Number—R–AI–02–[use your two digit airline code].

C. Taxpayer Identification Number.

D. Company Invoice Number. This is *your* company's invoice number issued to FAA.

E. (1) Enter the dates for the thirty-day period beginning at 12:01 a.m. on the day following the cancellation of the war risk insurance that was in effect for your company on September 11, 2001, and ending at 12 midnight on the thirtieth day following.

(2) Amount—Enter the pro-rata average daily premium information for the two time periods as requested, calculate the difference and multiply by 30 to reach the total: Round to the nearest whole dollar: $000,000.

F. Electronic fund transfer information for your bank account for FAA's deposit.

(1) Bank name
(2) Bank address
(3) Bank ABA routing number
(4) Account Name
(5) Account Number

G. Fleet Certification—Fill in the correct percent (%) of ''American aircraft'' in your fleet as defined at 49 USC 44301(1). (See Frequently Asked Questions for definition)

H. Statement of Certification—By signing on line I (below this statement) you are certifying the invoiced amount is accurate under penalty of 18 USC 1001.

I. Signature of appropriate corporate official.

2. Supply us with the name, phone number, and e-mail address of the appropriate person(s) to contact if we have specific questions about the invoice.

3. Provide a copy of your FAA air carrier certificate.

4. Provide a copy of your insurance company's invoice showing the insurance premium for war risk hull and/or liability that was in effect for comparable operations during the period beginning September 4, 2001, and ending September 10, 2001.

5. Provide a copy of your insurance company's invoice showing the insurance premium increase for war risk after September 11, 2001.

If your company's invoices are not consistent with our request, provide a written statement from your insurer as to the war risk premium(s) prior to September 11, 2001 and premium(s) after September 11, 2001 on a pro-rata daily basis and calculate the difference.

Return of Documents

Please respond to this letter by e-mail or fax to the Aviation Insurance representative assigned to your company at (202) 267–3324 or (202) 267–5370 or (202) 267–3278. (If you have not yet had a representative assigned to your company, email to *9-awa-apo-aviation-insurance@faa.gov,* or fax to one of the above numbers.) Follow the electronic response by sending the original invoice to FAA at the address below. (As of this writing, U.S. mail delivery in the Washington, DC area is disrupted, so you may wish to use a private service.)

Federal Aviation Administrator, Attn: [insurance representative's name], Aviation Insurance, APO–3 (Room 939), 800 Independence Ave., SW., Washington, DC 20591

Your request for reimbursement will be reviewed promptly by the Aviation Insurance Program staff. We anticipate that your reimbursement will be issued within four to six weeks of receipt of your e-mail or fax request. Please contact your Aviation Insurance representative with any questions you may have regarding the documentation required or the status of your reimbursement.

Sincerely,

John M. Rodgers,
Director of Aviation Policy and Plans.

Application for Incremental War Risk Insurance Premium Reimbursement.

To: Aviation Insurance Department, APO–3, Federal Aviation Administration, 800 Independence Avenue, SW, Room 939, Washington, DC 20591

A: Airline Name _____
B: FAA Reference Number:
R–AI–02 ____ (two digit airline code)
C: Taxpayer Identification Number _____
D: Company Invoice Number _____
E1: Charges for incremental war risk premium reimbursement, covering period_____, 2001 through _____, 2001 (not to exceed 30 days)

E2:

War Risk Premium Prior to Sept. 11, 2001

Avg Daily Rate

Hull $ _____
Liability $ _____
Total $ _____

War Risk Premium After Sept. 11, 2001

Avg Daily Rate

Hull $ _____
Liability $ _____
Total $ _____

Difference

Avg Daily Rate

Hull $ _____
Liability $ _____
Total $ _____

Total Difference Multiplied by 30 days

Total 30 Day Premium Reimbursement Request $_____ (Round to nearest whole dollar)

_____
F 1: Bank Name

_____
F 2: Bank Address

_____
F 3: Bank ABA routing number

_____
F 4: Account Name

_____
F 5: Account Number

_____
G: I certify that the percentage of ''American aircraft'' as defined at 49 U.S.C. 44301(1) covered by the insurance for which premium reimbursement is requested is _____%
(100% or some lessor number)
H: I certify that the forgoing charges are true and correct and that payment therefore has not yet been received for such charges from the Federal Aviation Administration. The information supplied in this certification subjects the affirmant to the provisions of 18 USC 1001.

_____
I: Signed: Name and title of certifying corporate official

[FR Doc. 01–27475 Filed 10–31–01; 8:45 am]
BILLING CODE 4910–13–M

DEPARTMENT OF TRANSPORTATION

DEPARTMENT OF THE INTERIOR

Federal Highway Administration

National Park Service

Environmental Impact Statement; Loudon, Fairfax, Fauquier, and Prince William Counties, VA

AGENCY: Federal Highway Administration (FHWA), DOT; National Park Service (NPS), DOI.

ACTION: Notice of intent.

SUMMARY: The FHWA is issuing this notice to advise the public that an

environmental impact statement will be prepared, in cooperation with the National Park Service (NPS), for potential transportation improvements in the vicinity of the Manassas National Battlefield Park to address the Manassas National Battlefield Park Amendments Act of 1988 which require relocation of US Route 29 and VA Route 234 in the vicinity of the Park.

FOR FURTHER INFORMATION CONTACT: Jack Van Dop, Environmental Specialist, Federal Highway Administration, 21400 Ridgetop Circle, Sterling, VA 20166, Telephone 703–404–6282 or John Marsh, Project Manager, National Park Service, Denver Service Center, Telephone: (303) 969–2471.

SUPPLEMENTARY INFORMATION:

Electronic Access

An electronic copy of this document may be downloaded by using a computer, modem and suitable communications software from Government Printing Office's Electronic Bulletin Board Service at (202) 512–1661. Internet users may reach the Office of the Federal Register's home page at: http://www.nara.gov/fedreg and the Government Printing Office's web site at: http://www.access.gpo.gov/nara.

Background

With this notice of intent, the FHWA and the NPS are initiating the National Environmental Policy Act (NEPA) process including the preparation of an environmental impact statement, for the Manassas National Battlefield Bypass to study potential alternatives to relocate US Route 29 and VA Route 234 in, and in the vicinity of, the Manassas National Battlefield Park in Manassas, Virginia. In 1988, the Congress enacted Public Law 100–647, 102 Stat. 3342, 3810. Title X of this Act is cited as the Manassas National Battlefield Park Amendments of 1988. In section 1004, the legislation states that:

> [T]he Secretary of the Interior * * * in consultation with the Commonwealth of Virginia, the Federal Highway Administration, and Prince William County, shall conduct a study regarding the relocation of highways (known as Routes 29 and 234) in, and in the vicinity of, the Manassas National Battlefield Park. * * * The study shall include an assessment of available alternatives, together with cost estimates and recommendations regarding preferred options. The study shall specifically consider and develop plans for the closing of those public highways (known as Routes 29 and 234) that transect the park and shall include analysis of the timing and method of such closures and of means to provide alternative routes for traffic now transecting the park. The Secretary shall provide for extensive public involvement in the preparation of the study.

Recognizing that NEPA requires the consideration of a reasonable range of alternatives that will address the Purpose and Need, the environmental impact statement will include a range of alternatives for detailed study consisting of a no-build alternative as well as other alternatives including transportation system management strategies, mass transit, improvements to existing roadways, and/or new alignment facilities. These alternatives will be developed, screened, and subjected to detailed analysis in the draft environmental impact statement based on their ability to address the Purpose and Need, while attempting to avoid known and sensitive resources.

Letters describing the proposed NEPA study and soliciting input will be sent to the appropriate Federal, State and local agencies who have expressed or are known to have an interest or legal role in this proposal. It is anticipated that a formal scoping meeting will be held as part of the NEPA process to facilitate local, state, and federal agency involvement. Private organizations, citizens, and interest groups will also have an opportunity to provide input into the development of the Environmental Impact Statement and identify issues that should be addressed. A comprehensive public participation program will be developed to involve the public in the project development process. Notices of public meetings or public hearings will be given through various forums providing the time and place of the meeting along with other relevant information. The draft environmental impact statement will be available for public and agency review and comment prior to the public meetings/hearings.

To ensure that the full range of issues related to this proposed action are identified and taken into account, comments and suggestions are invited from all interested parties. Comments and questions concerning this notice of proposed action and when the draft environmental impact statement is made available should be directed to the FHWA at the address provided under the caption **FOR FURTHER INFORMATION CONTACT.**

(Catalog of Federal Domestic Assistance Program Number 20.205, Highway Planning and Construction. The regulations implementing Executive Order 12372 regarding intergovernmental consultation on Federal programs and activities apply to this proposed action.)

Authority: [23 U.S.C. 315; 49 CFR 1.48]

Issued on: October 18, 2001.

Donald R. Tuggle,

Director, Program Administration, Federal Highway Administration, Sterling, Virginia.

Terry Carlstrom,

Regional Director, National Park Service, National Capital Region, Washington, DC.

[FR Doc. 01–27410 Filed 10–31–01; 8:45 am]

BILLING CODE 4910–22–P

DEPARTMENT OF TRANSPORTATION

Federal Transit Administration

[FTA Docket No. F74–2001–109.3]

Agency Information Collection Activity Under OMB Review

AGENCY: Federal Transit Administration, DOT.

ACTION: Notice of request for comments.

SUMMARY: In accordance with the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et seq.), this notice announces the Information Collection Request (ICR) abstracted below has been forwarded to the Office of Management and Budget (OMB) for extension of the currently approved information collection. The **Federal Register** Notice with a 60-day comment period soliciting comments was published on August 15, 2001.

DATES: Comments must be submitted before December 3, 2001. A comment to OMB is most effective if OMB receives it within 30 days of publication.

FOR FURTHER INFORMATION CONTACT: Sylvia L. Marion, Office of Administration, Office of Management Planning, (202) 366–6680.

SUPPLEMENTARY INFORMATION:

Title: Charter Service Operations (*OMB Number: 2132–0543).*

Abstract: 49 U.S.C. section 5323(d) requires all applicants for financial assistance from FTA to enter into a charter bus agreement with the Secretary of Transportation (delegated to the Administrator of FTA in 49 CFR section 1.51(a)). 49 U.S.C. section 5323(d) provides protections for private intercity charter bus operators from unfair competition by FTA recipients. 49 U.S.C. section 5302(a)(7) as interpreted by the Comptroller General permits FTA recipients, but does not state that recipients have a right, to provide charter bus service with FTA-funded facilities and equipment only if it is incidental to the provision of mass transportation service. These statutory requirements have been implemented in FTA's charter regulation, 49 CFR section 604.

49 CFR section 604.7 requires all applicants for financial assistance under

49 U.S.C. section 5309, 5336, or 5311 to include two copies of a charter bus agreement with the first grant application submitted after the effective date of the rule. The applicant signs the agreement, but FTA executes it only upon approval of the application. This is a one-time submission with incorporation by reference in subsequent grant applications. 49 CFR section 604.11(b) requires recipients to provide notice to all private charter operators and allows them to submit written evidence demonstrating that they are willing and able to provide the charter service the recipient is proposing to provide. The notice must be published in a newspaper and sent to any private operator requesting notice and to the United Bus Owners of America and the American Bus Association, the two trade associations to which most private charter operators belong. To continue receiving federal financial assistance, recipients must publish this notice annually. 49 CFR section 604.13(b) requires recipients to review the evidence submitted and notify the submitter of its decision. This notice is also an annual requirement. On December 30, 1988, FTA issued an amendment to the Charter Service regulation that allows additional exceptions for certain non-profit social service groups that meet eligibility requirements.

Estimated Total Annual Burden: 1,984 hours.

Addresses: All written comments must refer to the docket number that appears at the top of this document and be submitted to the Office of Information and Regulatory Affairs, Office of evidence demonstrating that they are willing and able to provide the charter service the recipient is proposing to provide. The notice must be published in a newspaper and sent to any private operator requesting notice and to the United Bus Owners of America and the American Bus Association, the two trade associations to which most private charter operators belong. To continue receiving federal financial assistance, recipients must publish this notice annually. 49 CFR section 604.13(b) requires recipients to review the evidence submitted and notify the submitter of its decision. This notice is also an annual requirement. On December 30, 1988, FTA issued an amendment to the Charter Service regulation that allows additional exceptions for certain non-profit social service groups that meet eligibility requirements.

Respondents: State and local government, business or other for-profit institutions, and non-profit institutions.

Estimated Annual Burden on Respondents: 1.2 hours for each of the 1,656 respondents.

Estimated Total Annual Burden: 1,984 hours.

Frequency: Annual.

Issued: October 26, 2001.

Timothy B. Wolgast,

Acting Associate Administrator for Administration.

[FR Doc. 01–27404 Filed 10–31–01; 8:45 am]

BILLING CODE 4910–57–U

DEPARTMENT OF TRANSPORTATION

Federal Transit Administration

Transfer of Federally Assisted Land or Facility

AGENCY: Federal Transit Administration, DOT.

ACTION: Notice of intent to transfer Federally assisted land or facility.

SUMMARY: Section 5334(g) of the Federal Transit Laws, as codified, 49 U.S.C. 5301, et seq., permits the Administrator of the Federal Transit Administration (FTA) to authorize a recipient of FTA funds to transfer land or a facility to a public body for any public purpose with no further obligation to the Federal Government if, among other things, no Federal agency is interested in acquiring the asset for Federal use. Accordingly, FTA is issuing this Notice to advise Federal agencies that the former Loves Park Transit System intends to transfer a maintenance facility to the City of Loves Park for its Streets and Sanitation Department to use the building as a maintenance facility. The City of Loves Park currently owns the land, and the proposed transfer only includes transfer of the building. The facility consists of a one and two-story concrete block automotive/transit building which is approximately 52,561 square feet situated within a light industrial district of Loves Park, Illinois, with rights of ingress and egress onto the northerly side of Lawn Drive.

EFFECTIVE DATE: Any Federal agency interested in acquiring the facility must notify the FTA Region V Office of its interest by December 3, 2001.

ADDRESSES: Interested parties should notify the Regional Office by writing to Joel P. Ettinger, Regional Administrator, Federal Transit Administration, 200 West Adams, Suite 2410, Chicago, IL 60606.

FOR FURTHER INFORMATION CONTACT: Louise Carter, Director of Operations and Program Management at 312/353–2789.

SUPPLEMENTARY INFORMATION:

Background

49 U.S.C. section 5334(g) provides guidance on the transfer of capital assets. Specifically, if a recipient of FTA assistance decides an asset acquired under this chapter at least in part with that assistance is no longer needed for the purpose for which it was acquired, the Secretary of Transportation may authorize the recipient to transfer the asset to a local governmental authority to be used for a public purpose with no further obligation to the Government.

49 U.S.C. section 5334(g)(1)

Determinations:

The Secretary may authorize a transfer for a public purpose other than mass transportation only if the Secretary decides:

(A) The asset will remain in public use for at least 5 years after the date the asset is transferred;

(B) There is no purpose eligible for assistance under this chapter for which the asset should be used;

(C) The overall benefit of allowing the transfer is greater than the interest of the Government in liquidation and return of the financial interest of the Government in the asset, after considering fair market value and other factors; and

(D) Through an appropriate screening or survey process, that there is no interest in acquiring the asset for Government use if the asset is a facility or land.

Federal Interest in Acquiring Land or Facility

This document implements the requirements of 49 U.S.C. section 5334(g)(1)(D) of the Federal Transit Laws. Accordingly, FTA hereby provides notice of the availability of the land or facility further described below. Any Federal agency interested in acquiring the affected facility should promptly notify the FTA.

If no Federal agency is interested in acquiring the existing facility, FTA will make certain that the other requirements specified in 49 U.S.C. section 5334(g)(1)(A) through (C) are met before permitting the asset to be transferred.

Additional Description of Facility

The property is a maintenance facility, consisting of a one and two-story concrete block automotive/transit building (the ''Facility'') which is approximately 52,561 square feet situated within a light industrial district of Loves Park, Illinois, with rights of ingress and egress onto the northerly side of Lawn Drive. This is a two lane public street that is asphalt surfaced and

runs in an east-west direction. The Facility is a of masonry construction with face brick. The roof system is a truss type, with a newer roof covering. There is a covered front canopy entry, which has a glass entry and large windows on the front of the building. The building contains approximately 16,453 square feet of gross area. This area is divided into an area containing 11,992 square feet with an eave height of 20 feet, an office area containing 2,490 square feet or 15.13% of the gross building area and a mezzanine storage area containing 1,971 feet. The building has concrete block walls. The interior finish includes a fair to average quality, $2' \times 2'$ suspended acoustic ceiling, with carpeted floors and concrete block interior walls. There are two restrooms, a locker room and a break room. There is strip fluorescent lighting. There is an adequate electrical service, which appears to be at least 200 amps. There is gas-fired, strip radiant heat in the warehouse area. The eastern portion of the building also has a heated floor. The office area has a gas forced air system with air conditioning. A 40-gallon, gas-fired heater provides hot water. There is adequate onsite, blacktopped driveways and parking areas. There are concrete curbs and there is minimal but adequate landscaping.

Issued on: October 25, 2001.

Donald Gismondi,

Deputy Regional Administrator.

[FR Doc. 01–27403 Filed 10–31–01; 8:45 am]

BILLING CODE 4910–57–P

DEPARTMENT OF TRANSPORTATION

National Highway Traffic Safety Administration

Reports, Forms and Record Keeping Requirements; Agency Information Collection Activity Under OMB Review

AGENCY: National Highway Traffic Safety Administration, DOT.

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*), this notice announces that the Information Collection Request (ICR) abstracted below has been forwarded to the Office of Management and Budget (OMB) for review and comment. The ICR describes the nature of the information collections and their expected burden. The **Federal Register** Notice with a 60-day comment period was published on June 13, 2001 (66 FR 31974).

DATES: Comments must be submitted on or before December 3, 2001.

FOR FURTHER INFORMATION CONTACT: Walter Culbreath, National Highway Traffic Safety Administration, Office of Administration (NAD–40), 202–366–1566. 400 Seventh Street, SW, Room 6240, Washington, DC 20590.

SUPPLEMENTARY INFORMATION:

National Highway Traffic Safety Administration

Title: 49 CFR Part 580 Odometer Disclosure Statement.

OMB Number: 2127–0047.

Type of Request: Extension of a currently approved collection.

Abstract: The Federal Odometer Law, 49 U.S.C. chapter 327, and implementing regulations, 49 CFR part 580 require each transferor of a motor vehicle to provide the transferee with a written disclosure of the vehicle's mileage. This disclosure is to be made on the vehicle's title, or in the case of a vehicle that has never been titled, on a separate form. If the title is lost or is held by a lien holder, and where permitted by state law, the disclosure can be made on a stat-issued, secure power of attorney.

Affected Public: Households, Business, other for-profit, and not-for-profit institutions, Federal Government, and State, Local, or Tribal Government.

Estimated Total Annual Burden: 2,586,160.

ADDRESSES: Send comments, within 30 days, to the Office of Information and Regulatory Affairs, Office of Management and Budget, 725–17th Street, NW, Washington, DC 20503, Attention NHTSA Desk Officer.

Comments are invited on: Whether the proposed collection of information is necessary for the proper performance of the functions of the Department, including whether the information will have practical utility; the accuracy of the Departments estimate of the burden of the proposed information collection; ways to enhance the quality, utility and clarity of the information to be collected; and ways to minimize the burden of the collection of information on respondents, including the use of automated collection techniques or other forms of information technology.

A Comment to OMB is most effective if OMB receives it within 30 days of publication.

Issued in Washington, DC, on October 29, 2001.

Herman L. Simms,

Associate Administrator for Administration.

[FR Doc. 01–27473 Filed 10–31–01; 8:45 am]

BILLING CODE 4910–59–P

DEPARTMENT OF TRANSPORTATION

National Highway Traffic Safety Administration

Reports, Forms and Record Keeping Requirements; Agency Information Collection Activity Under OMB Review

AGENCY: National Highway Traffic Safety Administration, DOT.

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*), this notice announces that the Information Collection Request (ICR) abstracted below has been forwarded to the Office of Management and Budget (OMB) for review and comment. The ICR describes the nature of the information collections and their expected burden. The **Federal Register** Notice with a 60-day comment period was published on July 24, 2001 [66 FR 38449–38450].

DATES: Comments must be submitted on or before December 3, 2001.

FOR FURTHER INFORMATION CONTACT: Walter Culbreath at the National Highway Traffic Safety Administration, (NAD–40), 202–366–1566. 400 Seventh Street, SW., Room 6132, Washington, DC 20590.

SUPPLEMENTARY INFORMATION:

National Highway Traffic Safety Administration

Title: Uniform Safety Program Cost Summary Form for Highway Safety Plan.

OMB Number: 2127–0003.

Type of Request: Extension of a currently approved collection.

Abstract: The Highway Safety Plan identifies State's traffic safety problems and describes the program and projects to address those problems. In order to account for funds expended under the priority areas and other program areas, States are required to submit a Program Cost Summary. The program cost summary is completed to reflect the state's proposed allocations of funds (including carry-forward funds) by program area, based on the projects and activities identified in the Highway Safety Plan.

Affected Public: State, Local or Tribal Government.

Estimated Total Annual Burden: 570.

Addresses: Send comments, within 30 days, to the Office of Information and Regulatory Affairs, Office of Management and Budget, 725–17th Street, NW., Washington, DC 20503, Attention NHTSA Desk Officer.

Comments are invited on: Whether the proposed collection of information

is necessary for the proper performance of the functions of the Department, including whether the information will have practical utility; the accuracy of the Department's estimate of the burden of the proposed information collection; ways to enhance the quality, utility and clarity of the information to be collected; and ways to minimize the burden of the collection of information on respondents, including the use of automated collection techniques or other forms of information technology.

A Comment to OMB is most effective if OMB receives it within 30 days of publication.

Issued in Washington, DC, on October 29, 2001.

Herman L. Simms,

Associate Administrator for Administration.

[FR Doc. 01–27474 Filed 10–31–01; 8:45 am]

BILLING CODE 4910–59–P

DEPARTMENT OF TRANSPORTATION

National Highway Traffic Safety Administration

Denial of a Petition for a Defect Investigation, DP01–001

AGENCY: National Highway Traffic Safety Administration (NHTSA), Department of Transportation.

ACTION: Denial of petition for a defect investigation.

SUMMARY: This notice sets forth the reasons for the denial of a petition submitted to NHTSA under 49 U.S.C. 30162, requesting that the agency investigate an alleged safety-related defect in certain Ford Escort and Mercury Tracer vehicles. The petition is hereinafter identified as DP01–001.

FOR FURTHER INFORMATION CONTACT: Peter C. Ong, Office of Defects Investigation, NHTSA, 400 Seventh Street, SW, Washington, D.C. 20590. Telephone: (202) 366–0583.

SUPPLEMENTARY INFORMATION: Mr. Randy D. Brantley (petitioner) submitted a petition to NHTSA by letter dated February 13, 2001, requesting that a safety-related defect investigation be initiated with respect to the non-deployment of the frontal air bags in frontal crashes in model years (MY) 1998 through 1999 Ford Escort and Mercury Tracer passenger vehicles. Specifically, the petitioner alleges that he had noticed in NHTSA's consumer complaint database that there were many reports of both driver and passenger side air bags not deploying upon impact. Since both the MY 1998 and 1999 Ford Escort and Mercury Tracer have the same frontal passive restraint system, they are treated as the subject vehicles in this analysis.

The frontal air bag supplemental restraint system, when used with safety belts, is part of the vehicle's frontal occupant protection system that includes the vehicle's structural crumble zone, interior structure design/padding, instrument panel (IP) padding, and the energy absorbing steering wheel. As a supplemental restraint system, the air bag restraints reduce the risk of severe injuries and fatalities in frontal impacts. The air bags are designed to deploy and inflate in impacts that generate sufficient longitudinal deceleration to potentially cause moderate to serious injury to the vehicle's front seat occupants. Frontal air bags are not designed to deploy in side, rear, or rollover crashes or in frontal impacts that generate low longitudinal deceleration (such as low speed impacts and ''soft'' impacts that result in sheet metal deformation as opposed to major chassis/structural damage).

Manufacturers set deployment thresholds to enhance protection of the frontal occupants in severe frontal collisions such that the deployment of the air bags would help reduce the risk of serious injury or fatality. Likewise, the threshold is designed to prevent deployment in less severe collisions where air bag deployment is not likely to provide substantial benefits. The risk of injury during air bag deployment, particularly with respect to unbelted or out-of-position occupants, also provides a sound basis for setting the threshold to prevent deployment in less severe collisions. Manufacturers may select the deployment threshold that they believe is the most appropriate.

Real-world collisions often involve offset impacts, oblique angle impacts, override or underride impacts. These different impacts may or may not generate sufficient force and deceleration along the front to rear axis of the vehicle or apply significant force to the frame, suspension and engine to initiate air bag inflation. This can lead consumers to expect that the air bag should deploy in certain crashes resulting in significant body damage to the vehicle when in fact the crash force along the front to rear axis of the vehicle was not sufficient to deploy the air bags. The misconceptions about the criteria for deployment have caused allegations of non-deployment to be the most common type of air bag-related complaint reported to NHTSA.

When reviewing allegations of improper air bag non-deployment, NHTSA investigators analyze (1) The extent of vehicle frontal damage through pictures, repair invoices, and/or police accident reports, (2) the medical records to ascertain type and severity of personal injury, and (3) technical information that may indicate systematic or component related defect trends that lead to the non-deployment of the air bags.

A review of the agency's data files, including information reported to the DOT Auto Safety Hotline, shows 72 complaints of non-deployment in the subject vehicles. Thirty-nine of these complaints alleged injuries due to the non-deployment. (In the manufacturer's database, only 44 of the 278 owner reports/crash claims/litigation cases alleged injury associated with air bag non-deployments.) NHTSA attempted to contact all of the 39 complainants who alleged injury, plus some of the more recent complainants who did not specify any injury, to request additional crash and/or injury information. The follow-up contacts provided additional crash and injury information from 34 complainants.

NHTSA reviewed its crash reports and Ford's information, including crash damage, vehicle crash dynamics, and injury severity, and did not find any trend or pattern of air bags in the subject vehicles failing to deploy in crashes when they should have deployed. The crashes were minor in nature and many of them were underride impacts into the rear of pickup trucks, which typically result in major deformation of the vehicle's hood and upper regions of the fenders that absorbs much of the crash energy. It should be noted that a complaint often alleges an impact speed higher than what the damage indicates, since pre-impact braking will often slow the vehicle down dramatically prior to impact, and a driver will often not have any reliable way to estimate the actual impact speed.

Furthermore, NHTSA's analysis of the injuries experienced by the occupants of the subject vehicles does not suggest that deployment of the air bags in the subject vehicles in these crashes would have provided significant benefit. The injuries were minor in nature. All but one were AIS–1 (Abbreviated Injury Scale) severity injuries, with one AIS–2 severity injury (broken nose).

NHTSA reviewed Ford's developmental tests on air bag deployments and found that the frontal air bags in the subject vehicles deploy at an impact velocity comparable to other passenger vehicles. Ford reports that the air bag system in the subject vehicles are designed not to deploy when a vehicle is operated on rough roads and not to deploy under ''soft'' impacts that damage sheet metal but do

not impact hard points on the vehicle such as the frame, suspension, and engine. Many of the ''underride'' crashes that ODI reviewed fall into this ''soft'' impact category, and air bag deployment was not appropriate under the circumstances.

For the foregoing reasons, and in view of the need to allocate and prioritize NHTSA's limited resources to best accomplish the agency's safety mission, the petition for a defect investigation is denied.

Authority: 49 U.S.C. 30162(d); delegations of authority at CFR 1.50 and 501.8.

Issued on: October 25, 2001.

Kenneth N. Weinstein,

Associate Administrator for Safety Assurance.

[FR Doc. 01–27405 Filed 10–31–01; 8:45 am]

BILLING CODE 4910–59–P

DEPARTMENT OF TRANSPORTATION

National Highway Traffic Safety Administration (NHTSA)

Denial of Motor Vehicle Defect Petition

AGENCY: National Highway Traffic Safety Administration (NHTSA), Department of Transportation.

ACTION: Denial of motor vehicle defect petition.

SUMMARY: This notice sets forth the reasons for the denial of a petition submitted to NHTSA under 49 U.S.C. 30162 by William A. Schroeder, requesting that the agency commence a proceeding to determine the existence of a defect related to motor vehicle safety in the ignition distributor in certain Honda vehicles. After a review of the petition and other information, NHTSA has concluded that further expenditure of the agency's investigative resources on the issues raised by the petition does not appear to be warranted. The agency accordingly has denied the petition.

FOR FURTHER INFORMATION CONTACT: Mr. Jonathan White, Chief, Defect and Recall Information Analysis Division, Office of Defects Investigation (ODI), NHTSA, 400 7th Street, SW., Washington, DC 20590. Telephone (202) 366–5226.

SUPPLEMENTARY INFORMATION: On October 18, 2000, Mr. William Schroeder submitted a petition requesting that the agency investigate ''Distributor Units on Honda cars.'' Mr. Schroeder experienced a distributor bearing failure in October 2000 on his model year (MY) 1992 Honda Civic. The petition alleges that ignition distributor bearings may fail suddenly, which would cause the engine to stall. It also alleges that an engine compartment fire may occur.

The ignition distributor (distributor) is a engine component that distributes high voltage current to the spark plugs. It has a center shaft that is driven by the engine camshaft, and it supports a distributor cap and rotor. The high voltage surges are directed, one at a time, to each outer terminal of the distributor cap by the rotor, which is rotated by the distributor shaft. Spark plug wires are connected from these outer terminals to each engine spark plug. The distributor shaft is supported at the camshaft end by a bearing, which is the subject of this petition. If this bearing seizes, the distributor shaft will not rotate and distribute voltage to the spark plugs, causing the engine to stall or fail to start.

In December 1995, after experiencing high warranty claims and owner failure reports, American Honda Motor Company, Inc. (Honda) issued Technical Service Bulletin (TSB) 95–049 and initiated a Product Update Campaign to replace distributors in all MY 1992 and certain MY 1993 Honda Accords registered in a portion of the southeastern United States. This area of the country was targeted because Honda concluded that high heat and humidity conditions were major causes of these distributor bearing failures. Also, at that time, Honda extended the warranty for the distributor on MY 1992–93 Accords registered in the remainder of the United States to six years/75,000 miles. Honda's position was that the distributor bearing may develop excessive clearance and cause an engine no-start condition, but that this was not a safety problem. Honda did not extend this Product Update Campaign or warranty to MY 1992 Civics because the distributor bearing failure rate in those vehicles was low.

To date, ODI has received nine complaints alleging distributor bearing failures on MY 1992 Honda Civics, and 10 complaints alleging non-specific distributor failures on those vehicles, at an average mileage of 98,400 miles. Seven of the ODI reports allege engine stalling, and one fire was allegedly caused by a seized distributor in 1995. Only two of the 19 incidents occurred during the past two years.

In response to an ODI inquiry, Honda submitted 1,175 owner and field reports of distributor bearing failures, and 1,628 warranty claims relating to all types of distributor failures, including 19 reports of engine stalling, in MY 1992 Honda Civics. Honda also submitted one report of a fire allegedly caused by a defective distributor, but Honda contends that this had no connection with a distributor bearing failure.

There have been no reports of crashes, injuries or fatalities relating to distributor bearing and/or distributor failures in 1992 Honda Civic vehicles—a vehicle population of 190,000.

Information obtained during ODI's review of the petition indicates that the distributor bearing failure on these vehicles is almost always progressive, and that warnings such as significant bearing noise, poor engine performance, and starting difficulty are clearly evident to the operator long before the bearing seizes and causes the engine to stop running. Further, the risk of engine compartment fires caused by distributor bearing failures is extremely low.

For the foregoing reasons, further expenditure of the agency's investigative resources on the issues raised by the petition does not appear to be warranted. Therefore, the petition is denied.

Authority: 49 U.S.C. 30162(d); delegations of authority at CFR 1.50 and 501.8.

Issued on: October 25, 2001.

Kenneth N. Weinstein,

Associate Administrator for Safety Assurance.

[FR Doc. 01–27406 Filed 10–31–01; 8:45 am]

BILLING CODE 4910–59–P

DEPARTMENT OF TRANSPORTATION

National Highway Traffic Safety Administration

[Docket No. NHTSA–2001–10531]

John Chevedden; Denial of Petition for Rulemaking

Mr. John Chevedden of Redondo Beach, California, petitioned for rulemaking to establish a new Federal Motor Vehicle Safety Standard requiring a non-glossy finish on the aerodynamic spoiler wings optionally installed on the rear of passenger vehicles.

Mr. Chevedden supported his request by stating that the surface of such spoilers is glossy because they are painted with the same glossy material as a vehicle. He observed that the spoilers reflect light into the rear view mirror causing glare and that this glare can temporarily impair the vision of drivers. He suggested these spoilers be required to have similar low reflectance performance as is required for windshield wiper arms in an existing Federal motor vehicle safety standard. He stated that the very reason that windshield wiper arms are prohibited from having glossy surfaces is the same

as why the rear spoiler wings should be required to have non-glossy surfaces.

Previously Federal Motor Vehicle Safety Standard No. 107, Reflective Surfaces, was enacted to address the reduction of glare from windshield wiper arms, horn rings and etc. However, this standard was rescinded on May 2, 1996 at 61 FR 11587, because it was determined that there was no longer a need for it. Standard No. 107 had specified reflectance requirements that apply to specified metallic components in the driver's forward field of view: the windshield wiper arms and blades, the inside windshield moldings, the horn ring and hub of the steering wheel assembly, and the inside rearview mirror frame and mounting bracket. The standard had required that the specular gloss of the surface of these components not exceed 40 units when tested. ''Specular gloss'' refers to the amount of light reflected from a test specimen. The purpose of the standard was to reduce the likelihood that glare from the regulated components would distract drivers or interfere with their direct vision.

Mr. Chevedden's concern is about indirect vision, not direct vision. While glare in any form may be annoying, Mr. Chevedden has provided no evidence of any crashes caused by the problem that he has described. Further, we have reviewed consumer complaints regarding glare. To date, the agency has not received any complaints related to indirect glare produced by sunlight on rear spoiler wings. Thus, we are not aware of any evidence showing this to be a safety problem or a source of concern to motorists.

In consideration of the foregoing, NHTSA has decided that there is no reason at this time to pursue a new motor vehicle safety regulation in this area. Accordingly, Mr. Chevedden's petition is hereby denied.

(49 U.S.C. 30118(d) and 30120(h); delegations of authority at 49 CFR 1.50 and 501.8)

Issued on October 29, 2001.

Stephen R. Kratzke,

Associate Administrator for Safety Performance Standards.

[FR Doc. 01–27476 Filed 10–31–01; 8:45 am]

BILLING CODE 4910–59–P

Federal Register

Thursday,
November 1, 2001

Part II

Department of Health and Human Services

Centers for Medicare & Medicaid Services

42 CFR Part 405 et al.

Medicare Program; Revisions to Payment Policies and Five-Year Review of and Adjustments to the Relative Value Units Under the Physician Fee Schedule for Calendar Year 2002; Final Rule

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 405, 410, 411, 414, and 415

[CMS–1169–FC]

RIN 0938–AK57

Medicare Program; Revisions to Payment Policies and Five-Year Review of and Adjustments to the Relative Value Units Under the Physician Fee Schedule for Calendar Year 2002

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Final rule with comment period.

SUMMARY: This final rule with comment period makes several changes affecting Medicare Part B payment. The changes affect: refinement of resource-based practice expense relative value units (RVUs); services and supplies incident to a physician's professional service; anesthesia base unit variations; recognition of CPT tracking codes; and nurse practitioners, physician assistants, and clinical nurse specialists performing screening sigmoidoscopies. It also addresses comments received on the June 8, 2001 proposed notice for the 5-year review of work RVUs and finalizes these work RVUs. In addition, we acknowledge comments received on our request for information on our policy for CPT modifier 62 that is used to report the work of co-surgeons. The rule also updates the list of certain services subject to the physician self-referral prohibitions to reflect changes to CPT codes and Healthcare Common Procedure Coding System codes effective January 1, 2002. These refinements and changes will ensure that our payment systems are updated to reflect changes in medical practice and the relative value of services.

The Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 modernizes the mammography screening benefit and authorizes payment under the physician fee schedule effective January 1, 2002; provides for biennial screening pelvic examinations for certain beneficiaries effective July 1, 2001; provides for annual glaucoma screenings for high-risk beneficiaries effective January 1, 2002; expands coverage for screening colonoscopies to all beneficiaries effective July 1, 2001; establishes coverage for medical nutrition therapy services for certain beneficiaries effective January 1, 2002; expands payment for telehealth services effective October 1, 2001; requires certain Indian Health Service providers to be paid for some services under the physician fee schedule effective July 1, 2001; and revises the payment for certain physician pathology services effective January 1, 2001. This final rule will conform our regulations to reflect these statutory provisions.

In addition, we are finalizing the calendar year (CY) 2001 interim RVUs and are issuing interim RVUs for new and revised procedure codes for calendar year (CY) 2002. As required by the statute, we are announcing that the physician fee schedule update for CY 2002 is −4.8 percent, the initial estimate of the Sustainable Growth Rate (SGR) for CY 2002 is 5.6 percent, and the conversion factor for CY 2002 is $36.1992.

DATES: *Effective date:* This rule is effective January 1, 2002.

Comment date: We will consider comments on the Clinical Practice Expert Panel data, the physician self-referral designated health services identified in Table 8, and the interim RVUs for selected procedure codes identified in Addendum C if we receive them at the appropriate address, as provided below, no later than 5 p.m. on December 31, 2001.

ADDRESSES: Mail written comments (1 original and 2 copies) to the following address: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS–1169–FC, P.O. Box 8013, Baltimore, MD 21244–8013.

To insure that mailed comments are received in time for us to consider them, please allow for possible delays in delivering them. If you prefer, you may deliver your written comments (1 original and 2 copies) by courier to one of the following addresses: Room C5–14–03, 7500 Security Boulevard, Baltimore, MD 21244–8013 or Room 443–G, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201.

Comments mailed to the two above addresses may be delayed and received too late for us to consider them.

Because of staff and resource limitations, we cannot accept comments by facsimile (FAX) transmission. In commenting, please refer to file code CMS–1169–FC.

For information on viewing public comments, please see the beginning of the Supplementary Information section below.

FOR FURTHER INFORMATION CONTACT: Carolyn Mullen, (410) 786–4589 or Marc Hartstein, (410) 786–4539 (for issues related to resource-based practice expense relative value units).

Carlos Cano, (410) 786–0245 (for issues related to screening sigmoidoscopies).

Paul W. Kim, (410) 786–7410 (for issues related to incident to services).

Rick Ensor, (410) 786–5617 (for issues related to screening mammography).

Bill Larson, (410) 786–4639 (for issues related to screening pelvic examinations, screening for glaucoma, and coverage for screening colonoscopies).

Bob Ulikowski, (410) 786–5721 (for issues related to the payment for screening colonoscopies).

Mary Stojak, (410) 786–6939 (for issues related to medical nutrition therapy).

Joan Mitchell, (410) 786–4508 (for issues related to the payment for medical nutrition therapy).

Craig Dobyski, (410) 786–4584 (for issues related to telehealth).

Terri Harris, (410) 786–6830 (for issues related to Indian Health Service providers).

Jim Menas, (410) 786–4507 (for issues related to anesthesia and pathology services).

Joanne Sinsheimer (410) 786–4620 (for issues related to updates to the list of certain services subject to the physician self-referral prohibitions).

Diane Milstead, (410) 786–3355 (for all other issues).

SUPPLEMENTARY INFORMATION:

Inspection of Public Comments

Comments received timely will be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, at 7500 Security Blvd, Baltimore, Maryland 21244, Monday through Friday of each week from 8:30 a.m. to 5 p.m. Please call (410) 786–7197 to make an appointment to view the public comments.

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To order the disks containing this document, send your request to: Superintendent of Documents, Attention: Electronic Products, P.O. Box 37082, Washington, DC 20013–7082. Please specify, ''Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2001,'' and enclose a check or money order payable to the Superintendent of Documents, or enclose your VISA, Discover, or MasterCard number and expiration date. Credit card orders can be placed by calling the order clerk at (202) 512–1530 (or toll free at 1–888–293–6498) or by faxing to (202) 512–1262.

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Information on the physician fee schedule can be found on our homepage. You can access these data by using the following directions:

1. Go to the CMS homepage (http://www.cms.hhs.gov).
2. Click on ''Professionals.''
3. Under the heading ''Physicians and Health Care Professionals,'' click on ''Medicare Coding and Payment Systems.''
4. Select Physician Fee Schedule.

Or, you can go directly to the Physician Fee Schedule page by typing the following: *http://www.hcfa.gov/medicare/pfsmain.htm.*

To assist readers in referencing sections contained in this preamble, we are providing the following table of contents. Some of the issues discussed in this preamble affect the payment policies but do not require changes to the regulations in the Code of Federal Regulations. Information on the regulation's impact appears throughout the preamble and is not exclusively in section XIII.

Table of Contents

In addition, because of the many organizations and terms to which we refer by acronym in this final rule, we are listing these acronyms and their corresponding terms in alphabetical order below:

AMA American Medical Association
BBA Balanced Budget Act of 1997
BBRA Balanced Budget Refinement Act of 1999
CF Conversion factor
CFR Code of Federal Regulations
CPT [Physicians'] Current Procedural Terminology [4th Edition, 1997, copyrighted by the American Medical Association]
CPEP Clinical Practice Expert Panel
CRNA Certified Registered Nurse Anesthetist
E/M Evaluation and management
EB Electrical bioimpedance
FMR Fair market rental
GAF Geographic adjustment factor
GPCI Geographic practice cost index
GDP Gross Domestic Product
CMS Centers for Medicare & Medicaid Services
HCPCS Healthcare Common Procedure Coding System
HHA Home health agency
HHS [Department of] Health and Human Services
IDTFs Independent Diagnostic Testing Facilities
MCM Medicare Carrier Manual
MedPAC Medicare Payment Advisory Commission
MEI Medicare Economic Index
MGMA Medical Group Management Association
MSA Metropolitan Statistical Area
NAMCS National Ambulatory Medical Care Survey
NCD National coverage determination
PC Professional component
PEAC Practice Expense Advisory Committee
PPAC Practicing Physicians Advisory Council
PPS Prospective payment system
RUC [AMA's Specialty Society] Relative [Value] Update Committee
RVU Relative value unit
SGR Sustainable growth rate
SMS [AMA's] Socioeconomic Monitoring System
TC Technical component

I. Background

A. Legislative History

Since January 1, 1992, Medicare has paid for physicians' services under section 1848 of the Social Security Act (the Act), ''Payment for Physicians' Services.'' This section provides for three major elements: (1) a fee schedule for the payment of physicians' services; (2) a sustainable growth rate for the rates of increase in Medicare expenditures for physicians' services; and (3) limits on the amounts that nonparticipating physicians can charge beneficiaries. The Act requires that payments under the fee schedule be based on national uniform relative value units (RVUs) based on the resources used in furnishing a service. Section 1848(c) of the Act requires that national RVUs be established for physician work, practice expense, and malpractice expense.

Section 1848(c)(2)(B)(ii)(II) of the Act provides that adjustments in RVUs may not cause total physician fee schedule payments to differ by more than $20 million from what they would have been had the adjustments not been made. If adjustments to RVUs cause expenditures to change by more than $20 million, we must make adjustments to preserve budget neutrality.

B. Published Changes to the Fee Schedule

In the July 17, 2000 proposed rule (65 FR 44177), we listed all of the final rules published through November 1999 relating to the updates to the RVUs and revisions to payment policies under the physician fee schedule.

In the June 8, 2001 **Federal Register** (66 FR 31028), we published a proposed notice concerning the 5-year review of work RVUs.

In the August 2, 2001 proposed rule (66 FR 40373) we discussed revisions contained in the November 1, 2000 final rule with comment period and the following issues affecting Medicare payment under the physician fee schedule:

- We listed the revisions to payment policies under the physician fee schedule that were made in the November 2000 final rule with comment period (65 FR 65376).
- We discussed policy issues affecting Medicare payment for physicians' services, including—

—refinement of the resource-based practice expense relative value units;
—services and supplies incident to a physician's professional service;
—anesthesia base unit variations;
—recognition of CPT tracking codes; and
—nurse practitioners, physician assistants, and clinical nurse specialists performing screening sigmoidoscopies.

We also solicited comments on the payment policy for CPT modifier 62 used to report the work of co-surgeons.

In addition, the August 2, 2001 proposed rule addressed the following provisions of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA):

- Payment for the screening mammography benefit under the physician fee schedule effective January 1, 2002.
- Biennial screening pelvic examinations for certain beneficiaries effective July 1, 2001.
- Annual glaucoma screenings for high-risk beneficiaries effective January 1, 2002.
- Expansion of coverage for screening colonoscopies to all beneficiaries effective July 1, 2001.
- Coverage for medical nutrition therapy services for certain beneficiaries effective January 1, 2002.
- Expansion of payment for telehealth services effective October 1, 2001.
- Payment for some services of certain Indian Health Service providers under the physician fee schedule effective July 1, 2001.
- Revision to the payment for certain physician pathology services effective January 1, 2001.

This final rule affects the regulations set forth at Part 405, Federal health insurance for the aged and disabled; Part 410, Supplementary medical insurance (SMI) benefits; Part 411, Exclusions from Medicare and limitations on Medicare payment; Part 414, Payment for Part B medical and other health services; and Part 415, Services furnished by physicians in providers, supervising physicians in teaching settings, and residents in certain settings.

The information in this final rule finalizes information in the June 8, 2001 proposed notice and the August 2, 2001 proposed rule.

C. Components of the Fee Schedule Payment Amounts

Under the formula set forth in section 1848(b)(1) of the Act, the payment amount for each service paid under the physician fee schedule is the product of three factors—(1) a nationally uniform relative value for the service; (2) a geographic adjustment factor (GAF) for each physician fee schedule area; and (3) a nationally uniform conversion factor (CF) for the service. The CF converts the relative values into payment amounts.

For each physician fee schedule service, there are three relative values—(1) an RVU for physician work; (2) an RVU for practice expense; and (3) an RVU for malpractice expense. For each of these components of the fee schedule, there is a geographic practice cost index (GPCI) for each fee schedule area. The GPCIs reflect the relative costs of practice expenses, malpractice insurance, and physician work in an area compared to the national average for each component.

The general formula for calculating the Medicare fee schedule amount for a given service in a given fee schedule area can be expressed as:

Payment = [(RVU work × GPCI work) + (RVU practice expense × GPCI practice expense) + (RVU malpractice × GPCI malpractice)] × CF

The CF for calendar year (CY) 2002 appears in section XIII. The RVUs for CY 2002 are in Addendum B. The GPCIs for CY 2002 can be found in Addendum D.

Section 1848(e) of the Act requires us to develop GAFs for all physician fee schedule areas. The total GAF for a fee schedule area is equal to a weighted average of the individual GPCIs for each of the three components of the service. In accordance with the statute, however, the GAF for the physician's work reflects one-quarter of the relative cost of physician's work compared to the national average.

D. Development of the Relative Value System

1. Work Relative Value Units

Approximately 7,500 codes represent services included in the physician fee schedule. The work RVUs established for the implementation of the fee schedule in January 1992 were developed with extensive input from the physician community. A research team at the Harvard School of Public Health developed the original work RVUs for most codes in a cooperative agreement with us. In constructing the vignettes for the original RVUs, Harvard worked with expert panels of physicians and obtained input from physicians from numerous specialties.

The RVUs for radiology services were based on the American College of Radiology (ACR) relative value scale, which we integrated into the overall physician fee schedule. The RVUs for anesthesia services were based on RVUs from a uniform relative value guide. We established a separate CF for anesthesia services, and we continue to recognize time as a factor in determining payment for these services. As a result, there is a separate payment system for anesthesia services.

II. Specific Proposals for Calendar Year 2002

In response to the publication of the August 2001 proposed rule, we received approximately 2,000 comments. We received comments from individual physicians, health care workers, and professional associations and societies. The majority of comments addressed the proposals related to medical nutrition therapy and the practice expense refinement.

The proposed rule discussed policies that affected the number of RVUs on which payment for certain services would be based. Certain changes implemented through this final rule are subject to the $20 million limitation on

annual adjustments contained in section 1848(c)(2)(B)(ii)(II) of the Act.

After reviewing the comments and determining the policies we would implement, we have estimated the costs and savings of these policies and added those costs and savings to the estimated costs associated with any other changes in RVUs for 2002. We discuss in detail the effects of these changes in the Regulatory Impact Analysis in section XIII.

For the convenience of the reader, the headings for the policy issues correspond to the headings used in the August 2001 proposed rule. More detailed background information for each issue can be found in the June 2001 proposed notice with comment period and the August 2001 proposed rule.

A. Resource-Based Practice Expense Relative Value Units

1. Resource-Based Practice Expense Legislation

Section 121 of the Social Security Act Amendments of 1994 (Public Law 103–432), enacted on October 31, 1994, required us to develop a methodology for a resource-based system for determining practice expense RVUs for each physician's service beginning in 1998. In developing the methodology, we were to consider the staff, equipment, and supplies used in providing medical and surgical services in various settings. The legislation specifically required that, in implementing the new system of practice expense RVUs, we apply the same budget-neutrality provisions that we apply to other adjustments under the physician fee schedule.

Section 4505(a) of the BBA amended section 1848(c)(2)(ii) of the Act and delayed the effective date of the resource-based practice expense RVU system until January 1, 1999. In addition, section 4505(b) of the BBA provided for a 4-year transition period from charge-based practice expense RVUs to resource-based RVUs. The practice expense RVUs for CY 1999 were the product of 75 percent of charge-based RVUs and 25 percent of the resource-based RVUs. For CY 2000, the RVUs were 50 percent charge-based RVUs and 50 percent resource-based RVUs. For CY 2001, the RVUs are 25 percent charge-based and 75 percent resource-based. After CY 2001, the RVUs will be totally resource-based.

Section 4505(e) of the BBA amended section 1848(c)(2) of the Act by providing that 1998 practice expense RVUs be adjusted for certain services in anticipation of implementation of resource-based practice expenses beginning in 1999. As a result, the statute required us to increase practice expense RVUs for office visits. For other services in which practice expense RVUs exceeded 110 percent of the work RVUs and were furnished less than 75 percent of the time in an office setting, the statute required us to reduce the 1998 practice expense RVUs to a number equal to 110 percent of the work RVUs. This reduction did not apply to services that had proposed resource-based practice expense RVUs that increased from their 1997 practice expense RVUs as reflected in the June 18, 1997 proposed rule (62 FR 33196). The services affected and the final RVUs for 1998 were published in the October 1997 final rule (62 FR 59103).

Further legislation affecting resource-based practice expense RVUs was included in the Balanced Budget Refinement Act of 1999 (BBRA) (Public Law 106–113). Section 212 of the BBRA amended section 1848(c)(2)(ii) of the Act by directing us to establish a process under which we accept and use, to the maximum extent practicable and consistent with sound data practices, data collected or developed by entities and organizations. These data would supplement the data we normally collect in determining the practice expense component of the physician fee schedule for payments in CY 2001 and CY 2002.

2. Current Methodology for Computing the Practice Expense Relative Value Unit System

Effective with services furnished on or after January 1, 1999, we established a new methodology for computing resource-based practice expense RVUs that used the two significant sources of actual practice expense data we have available—the Clinical Practice Expert Panel (CPEP) data and the American Medical Association's (AMA) Socioeconomic Monitoring System (SMS) data. The methodology was based on an assumption that current aggregate specialty practice costs are a reasonable way to establish initial estimates of relative resource costs for physicians' services across specialties. The methodology allocated these aggregate specialty practice costs to specific procedures and, thus, can be seen as a ''top-down'' approach. Discussion of the various elements of the methodology and their application follows.

a. Practice Expense Cost Pools

We used actual practice expense data by specialty, derived from the 1995 through 1998 SMS survey data, to create six cost pools—administrative labor, clinical labor, medical supplies, medical equipment, office supplies, and all other expenses. There were three steps in the creation of the cost pools. (Please note that the 1999 SMS data are being incorporated for CY 2002.)

- Step (1) We used the AMA's SMS survey of actual cost data to determine practice expenses per hour by cost category. The practice expenses per hour for each physician respondent's practice were calculated as the practice expenses for the practice divided by the total number of hours spent in patient care activities. The practice expenses per hour for the specialty were an average of the practice expenses per hour for the respondent physicians in that specialty. For the CY 2000 physician fee schedule, we also used data from a survey submitted by the Society of Thoracic Surgeons (STS) in calculating thoracic and cardiac surgeons' practice expenses per hour. (Please see the November 1999 final rule (64 FR 59391) for additional information concerning acceptance of these data.) For CY 2001, we used these STS data, as well as survey data submitted by the American Society of Vascular Surgery and the Society of Vascular Surgery. (Please see the November 2000 final rule (65 FR 65385) for additional information on the acceptance of these data.)
- Step (2) We determined the total number of physician hours (by specialty) spent treating Medicare patients. This was calculated from physician time data for each procedure code and from Medicare claims data.
- Step (3) We calculated the practice expense pools by specialty and by cost category by multiplying the specialty practice expenses per hour for each category by the total physician hours.

For services with work RVUs equal to zero (including the technical component (TC) of services with a TC and a professional component (PC)), we created a separate practice expense pool using the average clinical staff time from the Clinical Practice Expert Panel (CPEP) data (since these codes, by definition, do not have physician time) and the ''all physicians'' practice expense per hour.

b. Cost Allocation Methodology

For each specialty, we divided the six practice expense pools into two groups, based on whether direct or indirect costs were involved, and we used a different allocation basis for each group. The first group included clinical labor, medical supplies, and medical equipment. The second group included administrative labor, office expenses, and all other expenses.

(i) Direct Costs

For direct costs (including clinical labor, medical supplies, and medical equipment), we used the CPEP data as the allocation basis. The CPEP data for clinical labor, medical supplies, and medical equipment were used to allocate the costs for each of the respective cost pools.

For the separate practice expense pool for services with work RVUs equal to zero, we used adjusted 1998 practice expense RVUs as an interim measure to allocate the direct cost pools. (Please see the November 1998 final rule (63 FR 58891) for further information related to this adjustment.) Also, for all radiology services that are assigned work RVUs, we used the adjusted 1998 practice expense RVUs for radiology services as an interim measure to allocate the direct practice expense cost pool for radiology. For all other specialties that perform radiology services, we used the CPEP data for radiology services in the allocation of that specialty's direct practice expense cost pools.

(ii) Indirect Costs

To allocate the cost pools for indirect costs, including administrative labor, office expenses, and all other expenses, we used the total direct costs, as described above, in combination with the physician fee schedule work RVUs. We converted the work RVUs to dollars using the Medicare CF (expressed in 1995 dollars for consistency with the SMS survey years).

The SMS pool was divided by the CPEP pool for each specialty to produce a scaling factor that was applied to the CPEP direct cost inputs. This was intended to match costs counted as practice expenses in the SMS survey with items counted as practice expenses in the CPEP process. When the specialty-specific scaling factor exceeded the average scaling factor by more than 3 standard deviations, we used the average scaling factor. (Please see the November 1999 final rule (64 FR 59390) for further discussion of this issue.)

For procedures performed by more than one specialty, the final procedure code allocation was a weighted average of allocations for the specialties that perform the procedure, with the weights being the frequency with which each specialty performs the procedure on Medicare patients.

c. Other Methodological Issues

(i) Global Practice Expense Relative Value Units

For services with the PC and TC paid under the physician fee schedule, the global practice expense RVUs were set equal to the sum of the PC and TC.

(ii) Practice Expenses per Hour Adjustments and Specialty Crosswalks

Since many specialties identified in our claims data did not correspond exactly to the specialties included in the practice expense tables from the SMS survey data, it was necessary to crosswalk these specialties to the most appropriate SMS specialty category. We also made the following adjustments to the practice expense per hour data. (For the rationale for these adjustments to the practice expense per hour, see the November 1998 final rule (63 FR 58841)).

- We set the medical materials and supplies practice expenses per hour for the specialty of ''oncology'' equal to the ''all physician'' medical materials and supplies practice expenses per hour.
- We based the administrative payroll, office, and other practice expenses per hour for the specialties of ''physical therapy'' and ''occupational therapy'' on data used to develop the salary equivalency guidelines for these specialties. We set the remaining practice expense per hour categories equal to the ''all physician'' practice expenses per hour from the SMS survey data. (Note that in the November 2000 final rule (65 FR 65403), we increased the space allotment for therapy services to 750 square feet.)
- Due to uncertainty concerning the appropriate crosswalk and time data for the nonphysician specialty ''audiologist,'' we derived the resource-based practice expense RVUs for codes performed by audiologists from the practice expenses per hour of the other specialties that perform these services.
- For the specialty of ''emergency medicine,'' we used the ''all physician'' practice expense per hour to create practice expense cost pools for the categories ''clerical payroll'' and ''other expenses.''
- For the specialty of ''podiatry,'' we used the ''all physician'' practice expense per hour to create the practice expense pool.
- For the specialty of ''pathology,'' we removed the supervision and autopsy hours reimbursed through Part A of the Medicare program from the practice expense per hour calculation.
- For the specialty ''maxillofacial prosthetics,'' we used the ''all physician'' practice expense per hour to create practice expense cost pools and, as an interim measure, allocated these pools using the adjusted 1998 practice expense RVUs.
- We split the practice expenses per hour for the specialty ''radiology'' into ''radiation oncology'' and ''radiology other than radiation oncology'' and used this split practice expense per hour to create practice expense cost pools for these specialties.

(iii) Time Associated With the Work RVUs

The time data resulting from the refinement of the work RVUs have been, on average, 25 percent greater than the time data obtained by the Harvard study for the same services. We adjusted the Harvard study's time data to ensure consistency between these data sources.

For services with no assigned physician time, such as dialysis, physical therapy, psychology, and many radiology and other diagnostic services, we calculated estimated total physician time based on work RVUs, maximum clinical staff time for each service as shown in the CPEP data, or the judgment of our clinical staff.

We calculated the time for CPT codes (hereafter referred to as ''codes'') 00100 through 01996 using the base and time units from the anesthesia fee schedule and the Medicare allowed claims data.

3. Refinement

a. Background

Section 4505(d)(1)(C) of the BBA directed us to develop a refinement process to be used during each of the 4 years of the transition period. We did not propose a specific long-term refinement process in the June 1998 proposed rule (63 FR 30835). Rather, we set out the parameters for an acceptable refinement process for practice expense RVUs and solicited comments on our proposal. We received a variety of comments about broad methodology issues, practice expense per-hour data, and detailed code-level data. We made adjustments to our proposal based on the comments we received. We also indicated that we would consider other comments for possible refinement and that the RVUs for all codes would be considered interim for 1999 and for future years during the transition period.

We outlined in the November 1998 final rule (63 FR 58832) the steps we were undertaking as part of the initial refinement process. These steps included the following:

- Establishment of a mechanism to receive independent advice for dealing with broad practice expense RVU technical and methodological issues.
- Evaluation of any additional recommendations from the General Accounting Office, the Medicare Payment Advisory Commission (MedPAC), and the Practicing Physicians Advisory Council (PPAC).

• Consultation with physician and other groups about these issues.

We also discussed a proposal submitted by the AMA's Specialty Society Relative Value Update Committee (RUC) for development of a new advisory committee, the Practice Expense Advisory Committee (PEAC), to review comments and recommendations on the code-specific CPEP data during the refinement period. In addition, we solicited comments and suggestions about our practice expense methodology from organizations that have a broad range of interests and expertise in practice expense and survey issues.

b. Current Status of Refinement Activities

In the 1999 and 2000 final rules and the 2001 proposed rule, we provided further information on refinement activities underway, including the AMA's formation of the PEAC and the support contract that we awarded to the Lewin Group to focus on methodologic issues. In addition, in these rules, we announced actions taken and decisions made in response to the hundreds of comments received on our resource-based physician practice expense initiative. Because the transition will be completed in CY 2002 and the practice expense RVUs will then be totally resource-based, it is appropriate to recap the specific achievements reached and decisions implemented during this refinement effort to date.

(i) Use of the Top-Down Approach

Most of the physician organizations commenting agreed that this methodology was preferred for computing resource-based practice expense RVUs and that it was in accordance with the requirements of the BBA. KPMG Peat Marwick, under contract to us, reviewed the top-down methodology in which aggregate specialty costs are applied to specific procedures and concluded that it followed reasonable cost accounting principles. A 1999 GAO report concludes, ''HCFA's new approach represents a reasonable starting point for creating resource-based practice expense RVUs. It uses the best available data for this purpose and explicitly recognizes specialty differences in practice expense.'' Based on these comments and assessments, we made the decision to continue to use the top-down methodology to calculate the resource-based practice expense RVUs.

(ii) Use of the SMS Survey

The supplemental non-SMS survey data submitted by several specialties in response to the 1998 proposed rule, with the exception of the survey data from the thoracic surgeons, were not compatible with the format or methodology of the SMS. We awarded a contract to the Lewin Group to recommend criteria for the acceptance of specialty-specific practice expense data so that we could supplement the SMS data as appropriate. These recommended criteria are contained in the final report, ''An Evaluation of the Health Care Financing Administration's Resource-Based Practice Expense Methodology.'' This report is available on our web page under the same title. (Access to our web site is discussed in the **SUPPLEMENTARY INFORMATION** section above.)

The report also contains recommendations for revisions to the SMS or other surveys to efficiently meet the needs of our practice expense methodology. We augmented these recommendations and forwarded our suggestions for revisions to any future surveys to the AMA. For example, we developed supplementary survey questions that would allow us to distinguish both costs and direct patient care hours for all midlevel practitioners. We also suggested revisions that would capture the necessary information on separately billable supplies and services so that we could eliminate these costs from the specialty-specific practice expense per-hour calculations.

To obtain supplementary specialty-specific practice expense data that could be used in computing practice expense RVUs beginning January 1, 2001, we published an interim final rule on May 3, 2000 (65 FR 25664) that set forth the criteria applicable to supplemental survey data submitted to us by August 1, 2000.

We also provided a 60-day period for submission of public comments on our criteria for survey data submitted between August 2, 2000 and August 1, 2001 for use in computing the practice expense RVUs for the CY 2002 physician fee schedule.

In the November 1, 2000 final rule (65 FR 65385), we responded to comments received on the interim final rule and made modifications to the criteria for supplemental survey data that will be considered in computing practice expense RVUs for the CY 2002 physician fee schedule. These data can then be used to supplement the SMS survey data currently used to estimate each specialty's aggregate practice costs or to replace the crosswalks used for specialties not represented in the SMS.

In our November 1999 final rule, we accepted supplementary data submitted by the thoracic surgeons and, in our November 2000 final rule, we accepted survey data from the vascular surgeons that replaced the previously crosswalked practice expense per hour data for that specialty. In the November 2000 final rule, we also stated that if we received additional specialty-specific survey data before August 1, 2001 that met the criteria outlined in that rule, we would use these supplementary data in calculating the CY 2002 practice expense RVUs.

We accepted our contractor's recommendation to incorporate the latest SMS data into our practice expense per hour calculations. For CY 2001, we incorporated the 1998 SMS data into a 4-year average, and we are incorporating the 1999 SMS data into a 5-year average to calculate the CY 2002 practice expense RVUs.

We also accepted the contractor's recommendation to standardize the survey practice expense data to a common year. We adjusted the data to reflect a 1995 cost year.

We received comments that urged us to use the median SMS specialty-specific data instead of the mean, as well as comments supporting our use of the mean values. We made a decision to continue to use the mean in calculating the specialty-specific practice expense per hour. We believe that, in a small sample, using the median could eliminate outlying data from the calculation that represent real costs and thus should be considered.

(iii) CPEP Data

The AMA has formed a multispecialty sub-committee of their Relative Value Update Committee (RUC), the Practice Expense Advisory Committee (PEAC), to review the CPEP clinical staff, equipment, and supply data for all physicians' services. This multispecialty committee, which includes representatives from all major specialty societies, will then make recommendations on suggested refinements to these data. We indicated in our November 1998 final rule (63 FR 58833) that we would work with the PEAC and RUC to refine the practice expense direct cost inputs. This refinement process was supported in comments we received from almost every major physician specialty society.

In our November 1999 physician fee schedule final rule, we implemented most clinical staff time, supply and equipment refinements recommended by the RUC. For the November 2000 final rule, the RUC forwarded to us significant additional refinement recommendations that reflected multispecialty agreement on the typical resources for many important services, including visit codes, which account for

approximately 24 percent of Medicare spending for physicians' services. Again we accepted almost all of these RUC recommendations. In addition, at its October 2000, February 2001, and April 2001 meetings, the PEAC focused on refining high-volume services and on standardizing inputs across wide ranges of services. The RUC and PEAC forwarded to us recommendation on refinements for over 1,100 services. We anticipate that the pace of refinement of the CPEP inputs will continue to accelerate.

In addition to implementing most of the RUC-recommended refinements, we responded to comments on errors and anomalies in the CPEP data in both the November 1999 and November 2000 final rules. For example, we removed separately billable casting supplies and drugs from all services; we adjusted the prices of certain supplies that were clearly in error; we removed duplicated equipment from the direct inputs of the nuclear medicine codes; we added clearly essential equipment that was missing from the lithotripsy and photochemotherapy codes; we corrected anomalies in inputs within several families of codes; and we changed the crosswalks for the CPEP inputs of several codes not valued by the CPEP panels when a commenter suggested more appropriate crosswalks.

We simplified the refinement of equipment inputs by combining both the procedure-specific and overhead equipment into a single equipment category. We also deleted stand-by equipment and equipment used for multiple services at one time from the direct cost inputs because of the difficulty of allocating these costs at the code-specific level.

We are resolving issues related to averaging input costs for codes that were valued by more than one CPEP panel. While we have received comments agreeing and disagreeing with our use of mean costs, the issue is moot because we are substituting refined data for the data previously produced by multiple CPEPs.

(iv) Physician Time Data

In the November 1999 rule (64 FR 59404), we stated that, in general, requests for revisions for the procedure-specific physician times should be deferred to either the RUC process or the 5-year review process. However, we did adopt the newer data to correct the physician time for the pediatric surgery codes and made the requested revisions to correct anomalies in the times of certain psychotherapy codes.

In response to comments on the times associated with physical and occupational therapy services, we added preservice and postservice times to all of these codes.

(v) Crosswalk Issues

In response to concerns expressed by specialty societies representing emergency medicine that the SMS data did not capture the costs of uncompensated care, we crosswalked emergency medicine's cost pools for administrative labor and other expenses to the practice expense per hour for ''all physicians.''

We resolved issues related to the specialty crosswalk for nursing specialties by eliminating the separate practice expense pools for midlevel practitioners.

(vi) Calculation of Practice Expense Pools—Other Issues

We addressed concerns that potential errors in our specialty utilization data will have an effect on the calculation of practice expense RVUs. In the July 2000 proposed rule (65 FR 44178), we discussed our simulations that demonstrated that the small percentage of potential errors in our very large database have no adverse effect on specialty-specific practice expense RVUs.

We have created the zero-work pool for services with no physician work to ensure that these services are not inappropriately disadvantaged by our methodology. We have also agreed with the request of all the specialty societies that commented that their services should be moved out of the zero-work pool and into the specialty-specific pool. The specialties whose services remain in the zero-work pool have indicated that they wish their services to remain there. We plan to eliminate this separate pool for services with no physician work only when we have determined what revisions to our methodology are required so that we can value these services appropriately outside of the zero-work pool.

(vii) Calculation of Indirect Cost

We requested that our contractor evaluate various options for calculating indirect costs. The final report, referenced above, contains an analysis of the impacts of six alternative allocation methodologies. In confirming the suitability of our allocation methodology, the report concludes that ''HCFA's approach is broadly consistent with most of the alternative methods. This consistency suggests that, from a broad perspective, no other allocation methodology offers a compelling reason to abandon the current HCFA approach.''

(viii) Site-of-Service

The practice expense RVUs would be expected to be higher in the nonfacility setting, where the practitioner bears the costs of the necessary staff, supplies, and equipment, than in the facility setting. To prevent potential anomalies in our calculations due to the different mix of specialties performing a given service in different settings, we capped the practice expense RVUs for a physician service in facilities at the nonfacility practice expense level for each specific service.

In the November 1999 final rule (64 FR 59407), in response to a comment from the Renal Physicians Association, we agreed that the monthly capitated service codes should always be reported using the nonfacility designation. The site-of-service designations are not meaningful for a monthly service that may be provided in different settings for the same patient during a given month.

Although we are continuing our refinement of all practice expense RVUs, we believe that the above description of our actions to date illustrates that much has been accomplished. We also believe that it demonstrates that we have been responsive to comments from the medical community and have established a process that enables this community to participate fully in the refinement of both the specialty-specific practice expense per hour and the CPEP code-specific inputs.

4. Practice Expense Provisions for Calendar Year 2002

a. SMS Data

(i) Use of 1999 SMS Survey Data

We are currently using data from the 1995 through the 1998 SMS surveys (1994 through 1997 practice expense data) in order to calculate the specialty-specific practice expense per hour. The 1999 SMS survey data are now available. Because we want to incorporate the most recent survey data into our methodology during the transition period, we proposed in our August 2001 rule (66 FR 40377) to add this 1999 data to the 4 years of data we are currently using.

We proposed to use these 5 years of data in addition to any supplemental specialty-specific data that meet our criteria as the basis of the practice expense per hour calculations until the first 5-year review of practice expense RVUs in 2007. At that time, we anticipate that newer practice expense survey data might be available.

Comment: Specialty societies representing internal medicine, family

practice and a number of their subspecialties were opposed to using the 1999 SMS data in the calculation of the practice expense RVUs. While many of these commenters were generally supportive of incorporating the most current SMS data, they are concerned that the sample size and results from the 1999 SMS data may not warrant their inclusion. Several of these commenters indicated that the American Medical Association is on record stating that ''it normally would not provide or publish data with so few responses for some specialties.''

A number of these commenters suggested that the practice expense information from the 1999 SMS would be less reliable because the data were collected after CMS announced the new resource-based practice expense methodology in the **Federal Register**. These commenters suggested that the opportunity for ''gaming'' now exists because the public was aware that the SMS data were used to calculate Medicare payments.

One commenter noted that the practice expense per hour for cardiology dropped by 15 percent in one year and doubted that the actual change in practice expense of this magnitude could have occurred. Another commenter indicated that the cardiac subspecialty of electrophysiology is very likely not represented at all in this flawed data set.

One association that represents eye surgeons commented that the 1999 SMS survey included about half as many usable responses as the 1995 through 1997 surveys. This commenter questioned our decision to disregard responses received by mail and indicated that an already poor response rate to the survey has become even lower. Another commenter that represents ophthalmology indicated that use of 1999 data with such low response rates violates good statistical practice. The 1999 responses included only 23 ophthalmologists, while over 200 offered responses to the survey in years before 1999. Another commenter that represents gastroenterology indicated that the SMS is perhaps the best available source of data on multispecialty practice costs. However, this comment indicated that it is by no means a perfect data source for the manner in which it has been used by CMS and is even less reliable for certain specialties, such as gastroenterology. This commenter appreciates our willingness to accept supplementary data from specialties, but believes that it is our responsibility to overcome data deficiencies. We were encouraged to develop a uniform and fair process to overcome data deficiencies, without relying on individual medical specialties to provide such data.

In light of AMA's suspension of the SMS survey, this commenter urged us to discuss in the final rule our plans for updating practice expense RVUs in future years beginning with 2003, and, if need be, for replacing the SMS survey with an alternative data source. Another commenter expressed concern that the newer data from the SMS surveys will not be incorporated until the first 5-year review of practice expense RVUs in 2007; by that time, some of the practice expense data will have been in existence for 13 years.

Similarly, another commenter expressed concern that using the SMS data set from 1995 through 1999 until 2007 will mean that the data will not accurately reflect the changes in technology that will increase costs, particularly for specialties with rapid changes in technology.

Response: In response to the comment that the SMS data are not a perfect data source for developing practice expense RVUs, as we have said previously, we believe the SMS survey is the best available source of data on multispecialty practice costs. This comment was echoed by one of the same commenters that objected to including the 1999 SMS data in the practice expense methodology for determining 2002 RVUs. While we have previously acknowledged that the data have potential limitations for determining practice expense RVUs, there are no alternative data sources that are better for this purpose.

Since there are no other data on aggregate multispecialty practice costs that are better than the SMS, our only alternative would be to eliminate the SMS data from the methodology and rely solely on estimates of practice expense inputs for individual codes. We believe a better approach would be to continue using the SMS data in the practice expense methodology and to work with the physician community to develop even better data for establishing practice expense RVUs in the future.

One commenter noted that we only included telephone survey responses and not mail responses from the 1999 SMS and suggested that this decision further reduces an already low response rate. Our understanding is that the AMA, as a result of concerns about a declining number of responses to the SMS survey, used several approaches to obtain more surveys in the 1999 SMS. As part of this effort, some survey respondents received a mail survey instead of the normal telephone survey. Our review of information from the AMA suggested that there were significant differences between the mail and telephone surveys on questions related to practice expense. Since our objective has been to use a consistent approach to obtaining practice expense data for use in our methodology, we felt that it would be better to incorporate only the traditional telephone survey responses in the methodology consistent with how the data were obtained in earlier years.

While a few commenters indicated that the SMS data are not representative of a particular specialty's costs, they provided no information to support the contention. One commenter suggested that electrophysiology, a subspecialty of cardiology, was unlikely to be included in the SMS survey. Since the SMS survey draws a random sample from the AMA's Physician Masterfile, we believe all physicians are equally likely to be selected for participation in the survey. We would further note that the SMS weights response information based on known characteristics of the population to make the final figures as representative of the self-employed population as possible. As we have stated previously, we believe the SMS survey is the best source of data for specialty practice expenses. If a specialty believes that the SMS is unrepresentative of their actual practice expenses, we have established a process by which additional data can be submitted to us. To date, we have used two specialty practice expense surveys in addition to or in place of the SMS survey. We encourage specialties to use this process to provide us with additional practice expense data that improve the representativeness of the data that we are using to determine the practice expense RVUs.

One commenter doubted that cardiology practice expense could have declined as much as suggested by the 1999 SMS data. We would note that the practice expense per hour in any given year can show more variability than the change in practice expense per hour over time. While the specialty of cardiology shows some level of variability in practice expense per hour, with some years showing a higher value than the average and other years a lower value, the change in practice expense per hour including the 1999 SMS data is far more modest than that suggested by the commenter. There is a -2.0 percent change in practice expense per hour as a result of including the 1999 SMS data. As indicated below, use of the 1999 SMS data changed average specialty level payments to cardiologists by less than 0.5 percent.

We acknowledge that response rates and the number of usable responses from the 1999 SMS are lower than in prior years. Nevertheless, as we have stated previously, it is unclear to us why this alone indicates that we should reject incorporating the data. To the extent that there are few responses to the latest SMS survey, there will be less impact on a given specialty because the practice expense per hour calculation is weighted by the number of respondents from each respective year. Further, we believe inclusion of more survey data will improve the data's representativeness and lead to more stability in the practice expense per hour. The use of the 1999 SMS data appears to have little effect on the practice expense RVUs. In our August 2, 2001 proposed rule (66 FR 40397), we simulated the impact of including the 1999 SMS data on average specialty level payments. The increase or decrease in average specialty level payment was less than 0.5 percent for 29 of the 35 specialties listed, including nearly all of the specialties that expressed concern about including the latest SMS data. For 4 of the remaining 6 specialties, the increase or decrease in payments was between 0.5 and 1.0 percent. Payments for the remaining two specialties (pathology and suppliers) increased by more than 2 percent.

We are doubtful that respondents ''gamed'' responses in the 1999 SMS because of an awareness that reporting higher practice expenses would lead to increased payments from Medicare. We observed no noticeable increase in practice expense per hour from the 1999 SMS survey than from earlier years. In fact, the inflation-adjusted all-physician practice expense per hour from the 1999 SMS data is lower than the same figure from the 1998 SMS data. Further, if the concern is that physicians were aware of how the data would be used and would ''game'' responses to obtain higher payments from Medicare, our expectation would be that the number of responses in the 1999 SMS would be higher, not lower, than in prior years. For these reasons, we are doubtful that there is any reason to assume that the 1999 SMS survey would show more bias than surveys from previous years.

We welcome the comments that suggest that we develop a long-term strategy for using aggregate specialty practice expense data to make refinements to RVUs. As noted by some commenters, the AMA is no longer conducting the SMS survey in its current form. We would like to engage physician specialty societies, as well as other practitioner groups and representatives of organizations affected by Medicare physician fee schedule payments, in discussions of how to best obtain practice expense data that will be useful in updating our methodology for determining practice expense RVUs. Although it has been beneficial to use 5 years of SMS data to develop practice expense RVUs, we believe that it may not be necessary to make annual updates to aggregate specialty practice cost data if relative practice expenses do not change significantly from year to year. However, it may be beneficial to periodically review aggregate practice expenses and make changes when necessary. For instance, one commenter suggested that technological innovation may change relative expenses among services. For this reason, we believe a review of aggregate practice costs at least every 5 years is necessary. In fact, the statute requires that we review RVUs at least every 5 years. At this time, we have incorporated all of the data from the SMS surveys into the practice expense methodology. We will consider public input on the best way to obtain practice expense data for use in future practice expense calculations.

(ii) Supplemental Practice Expense Survey Data

To ensure the maximum opportunity for specialties to submit supplementary practice expense data, we proposed to accept survey data that meet the criteria set forth in the November 2000 final rule for an additional 2 years. The deadlines for submission of such supplemental data to be considered in CY 2003 and CY 2004 are August 1, 2002 and August 1, 2003, respectively.

Comment: Several commenters expressed their strong support for our decision to accept specialty-specific practice expense surveys for an additional 2 years. Specialty societies representing podiatry, pediatrics, internal medicine, rheumatology and surgery, as well as the American Medical Association (AMA) stated their agreement with this decision.

An organization representing medical colleges commented that this will send an important message to the physician community about our willingness to consider all legitimate data sources in analyses of this critical portion of payments, and one that has been a subject of controversy within the community. A specialty society representing dermatology stated that the additional time will allow specialties to collect specialty-specific data that should be useful as we determine practice expense RVUs.

The AMA and a commenter representing podiatry expressed some concern about the criteria for the acceptance of survey data and the AMA also expressed hope that we would be flexible concerning any data submitted. The commenter representing emergency medicine argued that collecting specialty-specific data would be fruitless, due to a number of stringent criteria for submitting supplemental practice expense survey data.

On the other hand, three commenters indicated that we should accept only survey data that meet our criteria. The commenter representing rheumatology stated that it is critically important that any data accepted must meet the criteria in the November 2000 final rule.

Response: We received only comments supporting this proposal, and we will be extending the period of acceptance of supplemental survey data for another 2 years, as proposed. We hope to demonstrate flexibility in helping those specialties that conduct a survey to do so successfully, and we understand that for some specialties some revision to the survey format may be necessary. For example, questions regarding uncompensated care for emergency physicians or separately billable drugs for oncologists might need to be added to a survey to determine the appropriate practice expense for these specialties. However, like several of the commenters, we believe that fairness to all can only be achieved if we consistently apply the rules for determining validity to any survey that is submitted.

Comment: A specialty society representing geriatrics expressed concern regarding the use of SMS data in formulating practice expense costs because the sample size for geriatricians is not large enough to yield reliable data. The commenter stated that smaller specialty societies will be unable to provide supplementary survey data because of expense limitations and recommended that we continue to review alternative data sources that recognize the greater resources spent in caring for frail elderly persons. The society further recommended that we consider the use of ''non-compliant'' survey data for smaller specialty groups that do not meet our stringent and costly criteria.

Response: We could not justify accepting ''non-compliant'' surveys from some specialties, due solely to the specialty's size, while holding others to a more rigorous standard. However, though we would welcome survey data from any specialty that submits a survey that meets our criteria, we do recognize that performing a survey can be costly. We, therefore, suggest that the specialty society consider in advance the extent to which any possible survey result

might actually alter the practice expense RVUs for their services. Note that we have only one payment amount for each service on the fee schedule. We have no authority to pay more to one specialty than to another for performing the same service. If a small specialty provides only a small percentage of a given service, a change in the practice expense per hour for that small specialty could have very little effect on the payment for the service. For example, if geriatricians perform mainly evaluation and management (E/M) services, even a survey that shows increased practice costs for geriatricians would not necessarily have any effect on the practice expense RVUs for E/M services because geriatricians' services would represent only a small part of the universe of E/M services. However, it is incumbent upon each specialty society to weigh both the costs and benefits to their specialty to determine whether conducting a practice expense survey would be worthwhile.

(iii) Submission of Supplemental Surveys

Three organizations submitted supplemental survey data for consideration for CY 2002. Survey data were submitted by the American Physical Therapy Association (APTA), the American Optometric Association (AOA), and the American Academy of Pediatrics (AAP). Our contractor, The Lewin Group, has evaluated the data submitted by each organization. They have recommended that we use the data submitted by APTA and AOA and reject the data submitted by AAP. The full recommendation and discussion will be made available on the CMS web site. (See the **SUPPLEMENTARY INFORMATION** section of this rule for directions on accessing our web site.)

We have decided not to use the data submitted by APTA, AOA, or AAP because none of the surveys met all of our stated criteria. In our May 3, 2000 interim final rule (65 FR 25666), we indicated that, based on our review of existing physician practice expense surveys, we believe that an achievable level of precision is a coefficient of variation (that is, the ratio of the standard error of the mean to the mean expressed as a percent) not greater than 10 percent for overall practice expenses or practice expenses per hour. For existing surveys, the standard deviation is frequently the same magnitude as the mean. We indicated in the May 2000 interim final rule that we would consider practice expenses for which the precision of practice expenses is equal to or better than this level of precision and that meet the other survey criteria. None of the surveys submitted for 2002 met the level of precision criteria; therefore, we have decided not to use the survey data.

b. CPEP Data

(i) 2000 RUC Recommendations on CPEP Inputs

In the November 2000 final rule (65 FR 65393), we responded to the RUC recommendations for the refinement of the direct inputs for 49 CPT codes and for the supply and equipment inputs for four additional services. These recommendations reflected multispecialty agreement on the typical resources for many important services, including visit codes, which account for approximately 24 percent of Medicare spending for physicians' services. We accepted almost all of these recommendations. We received the following comments on our responses to the RUC recommendations and on the PEAC/RUC refinement process:

Comment: Several specialty societies representing osteopaths, rheumatologists, neurologists, ophthalmologists, obstetricians, and gynecologists commended us for implementing the refinements submitted by the PEAC and RUC as part of the on-going refinement process. One specialty society stated that it was encouraged by the direction pursued with the physician fee schedule for 2001, because it demonstrated the ability to achieve refinement within the parameters of the fee schedule comment process. Another commenter expressed appreciation for our support of the PEAC and RUC refinement process because this relationship is critical to establishing fair and balanced payment policies.

In addition, other commenters praised our staff for being helpful in responding to the PEAC members' questions during meetings, as well as for the willingness to work with physician specialty societies toward establishing fair and appropriate reimbursement values. The RUC commented that it agreed that the PEAC has made significant progress in its ability to review and refine direct practice expense inputs for individual CPT codes.

Response: We appreciate the above comments and are also encouraged by the progress that the PEAC and RUC have made in refining the practice expense inputs.

Comment: The RUC agreed that the PEAC should continue to meet and refine the direct practice expense data. Therefore, it hopes that we will state that the practice expense RVUs will continue to be interim and subject to refinement as the PEAC continues its review. A specialty society representing ophthalmology echoed this request stating that, because the PEAC is continuing the refinement process, the interim status of the practice expense RVUs should be reaffirmed in the rule. The commenter requested that the RVUs remain interim and subject to change until 2007, that is, until the first update of the five-year review of practice expense RVUs.

Response: We are pleased that the RUC and PEAC are willing to continue the task of helping us to refine the practice expense inputs for the approximately 7,000 services in the physician fee schedule. We intend to keep the practice expense RVUs as interim as long as this refinement process is necessary. Also, as noted above, we will accept, for another 2 years, supplemental survey data that meet our criteria. During this period, we will also continue to make improvements to our practice expense methodology.

Comment: A commenter representing three ophthalmology sub-specialties, though appreciative of our implementation of the PEAC recommendations, expressed disappointment that we have not made the non-controversial revisions to correct additional errors in the CPEP database. The commenter encouraged us to explore alternative ways to improve the quality of the CPEP data without waiting for the PEAC to consider each of the thousands of alleged errors.

Response: We have made changes to the CPEP data in those instances when there was a clear anomaly in the data and when the more appropriate revision would be obvious, without the benefit of a multispecialty recommendation. However, we have found that the input and recommendations of a multispecialty group, such as the PEAC, have played a crucial role for the vast majority of suggested revisions when clinical judgment is involved.

Comment: An organization representing diagnostic imaging centers stated that it would be inappropriate for the PEAC to constitute the review body for direct cost data for technical component services, because the PEAC does not include any representatives of diagnostic imaging centers. The commenter requested that, if any of the CPEP direct cost data form the basis for future payment for technical component services, the accuracy of these data should be reviewed by representatives of centers that actually provide the services involved.

Response: We do not agree that it is inappropriate for the PEAC to review

the direct cost inputs for imaging services. The presentations for each service discussed at the PEAC are based either on surveys or panels of individuals who are familiar with the procedure in question. In addition, any of the recommendations of the PEAC that we accept are subject to review and comment by any interested party.

Comment: Societies representing surgeons, urologists, ophthalmologists, pediatrics, internists, and family physicians strongly support our acceptance of the revisions of CPEP inputs for office-based E/M services. One specialty society commented that the refined inputs for these services reflect the work of a multidisciplinary workgroup and demonstrate a major positive step toward streamlining practice expense inputs. One surgical specialty society did not fully agree that it is appropriate to use these E/M inputs to refine postsurgical visits because the direct costs associated with these visits are not necessarily comparable to the typical E/M visit. On the other hand, a primary care specialty society commented that the ''rolling'' implementation of CPEP refinement creates an anomaly because the surgical global services have not yet had these lower PEAC estimates for the E/M visits applied.

Response: We also saw the refinement of the practice expense inputs for the E/M codes as a significant milestone in the whole refinement process. These codes not only represent a sizeable portion of Medicare payments, but they also are used by most medical specialties, and, thus, most members of the PEAC had a stake in the outcome of this issue. We believe that, as a result of the extensive multispecialty discussion held by the PEAC on this issue, the recommendations on the E/M codes represent the best available estimates of the direct inputs needed for performing these services. With respect to the issue of applying these E/M inputs to the surgical global services, we will not be taking separate action now, but will be responding to the specific PEAC recommendations. We understand that it is expected that all the 90-day global surgical services will be refined by the PEAC by next year.

Comment: A specialty society representing internal medicine commented that the registered nurse (RN) and licensed practical nurse (LPN) staff mix should be used for the E/M codes rather than the RN, LPN, and medical assistant staff mix, which is less typical. The commenter also stated that we should increase the postservice clinical staff work for these services by 20 percent.

Response: We do not agree with changing the staff mix at this time, particularly because the PEAC recommendations have used this staff mix across the majority of refined services. We also have seen no evidence to suggest that the post-times for these services were undervalued.

(ii) 2001 RUC Recommendations on CPEP Inputs

We have received recommendations from the PEAC on the refinement to the CPEP inputs for over 1,100 codes. These include refinements of large numbers of orthopedic, dermatology, pathology, physical medicine, and ophthalmology services. In addition, the PEAC confirmed that there were no inputs for over 150 ZZZ-global procedures that are performed only in the facility and no supply or equipment inputs for almost 700 facility-only services with an XXX or 0-day global period. We believe this large increase in the number of CPT codes that have been refined demonstrates that the PEAC refinement process is working due to the valiant efforts of the AMA staff and the specialty societies participating in this mammoth undertaking. There is also reason to believe that the pace of refinement will continue to increase because of the steps that the PEAC is taking to create standardized packages of clinical staff time, supplies, or equipment that can be applied over a wide range of services.

We have reviewed the submitted PEAC recommendations and have accepted most of them with only minor revisions. The complete PEAC recommendations and the revised CPEP database can be found on our web site. (See the Supplementary Information section of this rule for directions on accessing our web site.)The following is a list of the only revisions we made to the PEAC recommendations:

- We substituted the multispecialty minimum visit supply package or the ophthalmology supply package for the list of individual supplies, when appropriate.
- We deleted separately billable supplies, for example, drugs, fluids, and casting supplies, when listed in the recommended supply list.
- We rounded fractions of minutes of clinical staff time to the nearest minute.
- For CPT code 52281, *cystoscopy and treatment,* we deleted the bougie a boule from the equipment list. The specialty society supplied us with the price of $105 for this item, which does not meet the minimum cost of $500 for an item to be included in the equipment list.
- For several ophthalmology services that did not involve dilation of the pupil, we consulted with the specialty society and deleted the ophthalmology visit supply package that was listed for the post-procedure visit. This package is intended for those services where dilation is necessary. The society confirmed that no supplies are needed for the post-procedure visit for these services.
- The recommendation did not specify the number of EEG electrodes for CPT code 92585, *auditory evoked potential, comprehensive.* We added seven electrodes, which is the same number assigned to the visual evoked potential code.
- The PEAC/RUC recommendations included time for the clinical staff type, ''Physical Therapy Assistant (PTA),'' which currently is not included in our CPEP input database. We are pricing the PTAs by using the Bureau of Labor Statistics wage estimates for physical therapy assistants. The base annual salary we are using will be $33,690. After factoring in benefits and adjusting this to 2001 dollars, the per minute rate will be $0.386.
- We have two concerns about the PEAC recommendations for therapy services. First, we believe that some of the duties ascribed to the physical therapy assistant are actually therapist services that are already captured in the work RVUs. Therefore, we are deleting from all the therapy codes the clinical staff time for obtaining vital signs and measurements, patient education, and phone calls. Because we believe that the resulting clinical staff times may be too low for the physical therapy and occupational therapy evaluation and reevaluation services, we are adding 7 additional minutes for the therapy aide in each of these codes. In addition, some of the occupational therapy codes contain several pieces of very expensive equipment called environmental modules. Because it is unclear how many of these modules would typically be used for each service, we are only including one module for each code that might use this equipment. We note that for three services, CPT codes 97530, 97535, and 97537, the PEAC did not submit a recommendation for equipment, presumably because of the difficulty of determining what would be typically used. In those cases, as in those with a PEAC recommendation, we are allowing for one module and some smaller equipment that was suggested by the specialty. We would hope to work with the specialty societies to obtain more precise information on the appropriate equipment for all of these therapy services.

• We note that one of the services for which we received recommendations, the casting/strapping procedure CPT code 29799, is carrier-priced. In addition, we received recommendations for two fine needle aspiration services, CPT codes 88170 and 88171, which are now deleted.

(iii) Other Comments on Refinement of CPEP Inputs

Comment: Several commenters were pleased that we finalized certain proposals regarding CPEP inputs, such as the following:

• The reinstatement of the pre-procedure clinical staff time in the facility setting for certain 0-day global services as well as pre-service time for the vitrectomy codes.

• Our decision to uphold the proposed refinements regarding inpatient dialysis CPT codes 90935 and 90945.

• The clarification of Medicare payment policy for cast supplies when used for non-fracture/dislocation procedures.

• The decision to retain Unna boot in the supplies for CPT code 29580.

• The correction of the supply list for CPT code 88104 and the establishment of a separate nonfacility practice expense RVU for CPT code 85607 in the 2001 fee schedule.

• The extension of the code-specific refinement beyond 2002.

Response: We appreciate the above comments and will strive to continue refining the practice expense RVUs in a manner that is fair and beneficial to the medical community.

Comment: An allergy clinic commented that because of our definition of a dose for CPT code 95165, *Allergy Immunotherapy,* doctors will be forced to use a dosage that could be harmful to certain patients.

Response: The definition of a dose will be used only for pricing the practice expense inputs for this service. Physicians should use their clinical judgment in determining what dose to use for any particular patient.

Comment: A commenter noted that the two codes for anal balloon sphincterplasty (CPT codes 49505 and 49510) did not have the balloon listed in the supply inputs.

Response: We agree that this was an omission and have added the balloon to the supply list for both services.

Comment: A commenter stated that there are no practice expense inputs assigned to CPT code 36533, *insertion of implantable venous access port, with or without subcutaneous reservoir,* in the nonfacility setting, because the CPEP panels priced it only in the facility. In particular, the supply inputs do not contain the cost of the catheter that is an integral part of the procedure.

Response: It is true that the original CPEP panel did not price this in the nonfacility setting; however, we subsequently crosswalked the inputs from the facility to the nonfacility setting for supplies, equipment, and clinical staff, adding clinical staff time for the intraservice period in the office. However, we agree that the catheter is an appropriate supply and have added it to the supply list for this code.

Comment: A specialty society representing podiatrists questioned why the practice expense RVUs for the nail trimming codes G0127 and CPT code 11719 are not the same. The commenter stated that they should have the same CPEP inputs since both were refined by the PEAC this year with identical inputs.

Response: The CPEP inputs are now identical for both codes, except that the supplies recommendation for CPT code 11719 does not include a surgical mask. However, none of this year's PEAC recommendations were reflected in the August 2001 proposed rule. In addition, even codes with identical CPEP inputs can have different practice expense RVUs if a different mix of specialties performs each service.

Comment: Two specialty societies representing cardiologists and electrophysiologists commented that we have allowed 60 minutes of clinical staff time to arrange for surgical procedures with a 90-day global period, but we have not yet allowed the same for 0-day global period procedures in facilities. The commenters stated that they may present specific codes to the PEAC with the recommendation that this time be recognized for these services, and they hope that we will be receptive to these recommendations.

Response: We will be glad to review any PEAC recommendations on clinical staff pre-service time for 0-day global period services in the facility setting if and when we receive them.

(iv) Repricing of Clinical Staff Wage Rates

In the August 2, 2001 proposed rule (66 FR 40378), we proposed modifications of wage rates for the clinical staff types contained in the CPEP database. Our contractor, Abt Associates, assigned the costs of the original CPEP inputs for staff, supplies, and equipment based primarily on 1994 and 1995 pricing data.

The original Abt Associates' estimates of clinical staff wage rates relied primarily on the Bureau of Labor Statistics (BLS) data. Abt's report on the CPEP cost estimation stated that, ''* * * the BLS data were considered to be the preferred data set. The BLS'' reputation for publishing valid estimates that are nationally representative led to the choice of the BLS data as the main source. If more than one data set provided an exact mapping for a receptionist, then the BLS wage was chosen over any other mapping.''

We agreed with this assessment and have used the most current BLS survey (1999) as the main source of wage data.

It should be noted that the BLS discontinued the Occupational Compensation Survey used by Abt in 1995 and now conducts the National Compensation Survey that has a breakdown of staff types different from the earlier survey. Also, this survey does not cover all the staff types contained in the CPEP data. Therefore, it was necessary for us to crosswalk or extrapolate the wages for several staff types using supplementary data sources for verification whenever possible.

We used three other data sources to price wages of staff types that were not referenced in the BLS data:

• The American Society of Clinical Pathologists' survey of laboratory staff salaries (found at *www.ascp.org*).

• The survey performed by the American Academy of Health Physics and the American Board of Health Physics (found at *www.hps1.org*).

• The national salary data from the *Salary Expert,* an Internet site that develops national and local salary ranges and averages for thousands of job titles using mainly government sources. (A detailed explanation of the methodology used to determine the specific job salaries can be found at *www.salaryexpert.com*).

We also solicited any valid survey data that commenters might be able to submit to us.

The proposed cost per minute for each staff type was derived by dividing the proposed annual salary (converted to 2001 dollars using the Medicare Economic Index) by 2080 to arrive at the hourly wage rate and then again by 60 to arrive at the per minute cost. To account for the employers' cost of providing fringe benefits, such as sick leave, we used the same benefits multiplier of 1.366 used by Abt Associates.

Comment: We received several supportive comments on our efforts to update the clinical staff salaries used in calculating the practice expense RVUs. Specialty societies representing family physicians and surgeons supported the proposal to reprice clinical staff salaries to approximate current practice

expenses. A specialty society representing rheumatology stated that the repricing of clinical staff salary data represents an overdue positive step toward more accurate refinement of practice expense inputs. A specialty society representing dermatology agreed with the appropriateness of bundling similar clinical staff types into more easily identified and easily tracked clinical labor blended categories.

Response: We agree that using current wage data to price the clinical staff CPEP inputs is one step in ensuring that the practice expense RVUs are based on the resources needed to perform each service. We also would like to express our appreciation to the groups that included salary survey data on various staff types as part of their comments. These additional data have helped us to make appropriate revisions to our original proposals.

The following is a discussion of the specific proposals we made on the pricing of clinical staff types.

• We received no comments on the following proposals. Therefore, they will be implemented as proposed.

• We will price as proposed the staff types physical therapy aide, LPN, RN, certified surgical technician, laboratory technician, cytotechnologist, cardiovascular technician, nuclear medicine technician, optician, respiratory therapist, speech pathologist, audiologist, and counselor.

• We will collapse the medical assistant, technical aide, medical technician, EKG technician, anesthesia technician, technician, and cast technician staff types into a new staff type, ''medical or technical assistant (MTA),'' that will be priced at the medical assistant wage rate of $0.26 per minute.

+ We will bundle the staff type ''RN-cardiology'' into the staff type ''RN.''

+ We will adjust the wage rate for the oncology-certified nurse to be 18 percent higher than the RN.

+ We will bundle the staff type ''surgery assistant'' into the staff type ''certified surgical technician (CST).''

+ We will use the average hourly rate of $15.60 for histologic technologists from the 1998 American Society of Clinical Pathologists' survey to price the histotechnologist staff type.

+ We will use the BLS salary data for electroneurodiagnostic technologists contained in the BLS Occupational Outlook Handbook to price the electrodiagnostic technologist staff type.

+ We will price the wage rate for the EEG technician using survey data from the *Salary Expert.*

+ We will merge the nuclear cardiology technician in with the nuclear medicine technician staff type.

• We were unable to find any national salary data for the electron microscopy technician and, in the absence of such data, proposed crosswalking the salary from the wage rate for the histotechnologist. Though this represented an increase in the per minute cost for this staff type, we stated that we would welcome reliable national survey data from the specialty that we could use in pricing electron microscopy technicians.

Comment: The specialty society representing pathologists recommended that the wage rate for electron microscopy (EM) technician, which we proposed crosswalking from that of the histologic technologist, should more accurately be priced at the same wage rate as the cytotechnologist. The commenter stated that histologic technologists are generally bachelor degree level personnel, whereas EM technicians generally have post-baccalaureate education, parallel to that of a cytotechnologist. In addition, they receive salaries that are higher than general histotechnologists. The commenter also recommended that the title of the EM technician category be changed to EM technologist.

Response: We are persuaded that the commenter has proposed a more suitable crosswalk for this staff type. Therefore, we will crosswalk the wage rate for the EM technologist from that of the cytotechnologist. We will also change the title as suggested by the specialty society.

• We were unable to find any national salary data for registered electroencephalograph technologists (REEGTs) and proposed to maintain the current rate, since the speciality society had recently recommended this rate of pay. However, we also requested reliable national survey data from the specialty that we could use in pricing these three levels of neurodiagnostic staff.

Comment: The American Academy of Neurology (AAN), on behalf of seven related organizations, submitted an abbreviated version of the 2000 American Society of Electroneurodiagnostic Technologists (ASET) Salary Survey. The commenter stated that this national salary survey has been collected triennially by ASET, the main national body representing this allied health professional field, and was not collected for any purpose connected with the physician fee schedule. For office-based registered electroencephalograph technologists, there were 31 responses and a mean salary per hour of $20.11. For all REEGTs, there were 559 responses and a mean salary of $20.53 per hour. The commenters recommend that we substitute either of these salary rates to determine the costs for the REEGT staff type. The specialty society representing sleep medicine requested that we consider the updated salary data that AAN included in its comments on the proposed rule.

Response: We have reviewed this survey and believe that it provides a more appropriate estimate of the wage rate of REEGTs than did our crosswalk to a staff type used in a different specialty. We will use the data for the office-based REEGTS, which results in a wage rate of $0.47 per minute, which we note is not significantly different from our proposed rate for the REEGT staff type.

• We proposed to bundle the vascular technician with the cardiovascular technologist staff type. Currently both are priced at the same rate.

Comment: The American Association for Vascular Surgery, American Society of Neuroimaging, Society of Diagnostic Medical Sonography, Society for Vascular Surgery, and Society of Vascular Technology submitted a joint comment as ''The Coalition.'' The Coalition argued that the BLS was wrong to classify vascular technologists with cardiovascular technologists and technicians because the BLS description of duties for this classification does not include any of the duties performed by a vascular technologist. In addition, the commenters contended that, unlike most cardiovascular technicians, a vascular technologist functions as a direct and largely independent health care practitioner. A skilled vascular technologist undergoes between 2 and 4 years of didactic and clinical post-secondary education as evidenced by the presence of a baccalaureate degree program in vascular technology.

The Coalition recommended that we base the salaries for vascular technologists on data from a survey conducted earlier this year by nVision Research that surveyed by mail 406 randomly selected vascular technologists from a variety of settings. The response rate for this survey was 55 percent. Based on the survey, nVision Research determined that the median annual salary of a vascular technologist is $49,758. A copy of the survey was included with the comment. The commenters also recommended that we change the description of the ''vascular technician'' to ''vascular technologist.'' A specialty society representing echocardiography urged that we adopt the classification of ''vascular

technologist'' as proposed by the above groups.

Response: We agree that the nomenclature of the staff type should be changed to ''vascular technologist.'' We have studied the data provided by the Coalition and have consulted with our medical advisors and now also agree that the salary shown in the submitted survey better represents the current wage rate for vascular technologists. Therefore, we will assign the vascular technologist staff type the recommended yearly salary of $49,758 which results in a per minute wage rate of $0.54.

• We proposed to merge the x-ray technician and radiation technologist staff types, which are currently priced at the same rate, into a staff type called ''Radiologic Technologist.''

Comment: The American Society of Radiologic Technologists (ASRT) submitted with their comment the 2001 ''Radiologic Technologist Wage and Salary Survey'' commissioned by the organization. The comment disagreed with our proposal to merge the x-ray technician and radiation technologist staff types. The society stated that the radiation technologist has completed a formal educational program and has successfully passed a nationally recognized credentialing examination; an x-ray technician denotes a person who is most likely informally trained and who is often employed to perform only very limited x-ray examinations. On the other hand, a society representing therapeutic radiology and oncology recommended that we not crosswalk radiation technologists to ''radiologic technologists and technicians,'' but, instead, change the crosswalk and the name to ''radiation therapist.''

Response: We can understand why the original nomenclature assigned by the CPEP panels to these staff types would be confusing to the commenters. However, it is clear from the imaging services to which the radiation technologist is assigned that this staff type was not considered to be a radiation therapist. In addition, we do not disagree with the distinction made by ASRT between an x-ray technician and a radiation technologist. However, the CPEP panel did not appear to make this same distinction. In fact, the x-ray technician is often assigned to more complex services than the radiation therapist and Abt Associates priced the two staff types at the same wage rate. Therefore, we have made the decision to consider both staff types to be at the same level and to change the title of both to ''radiologic technologist.'' If it is necessary to make a distinction between different levels of radiologic staff, this can be done as part of the refinement process.

Comment: A commenter representing imaging centers recommended that we substitute the ''more accurate and recent salary information'' obtained by the ASRT for the pricing of radiologic technologists. The commenter stated that these data indicate that the mean salary of full-time radiologic technologists is $53,919.

Response: We have reviewed the survey submitted to us by ASRT and have found it to be both comprehensive and useful. We would note that the $53,919 referenced in the comment is the mean salary for all radiologic personnel and includes the salaries of staff level personnel as well as chief technologists and of radiography staff as well as dosimetrists. Therefore, this is not salary information that can be used to price the specific radiology staff types in our database. However, as discussed below, we have used other ASRT data to price certain staff types for which we had no other pricing information. It is interesting to note that the mean salary in the ASRT survey for radiography staff is $36,862, while the 2001 salary rate for the equivalent staff based on the BLS is $37,126; the use of either figure would result in an almost identical per-minute wage rate. This information gives us extra confidence in our proposed wage rate of $0.41 per minute for radiologic technologists, and we will be implementing this salary rate as proposed.

• Because we were unable to find any national survey data regarding the salaries for CAT scan technician, MRI technician, or angiographic technician, we proposed crosswalking these staff types to the BLS radiologic technologist pay scale. We also stated that we would welcome any reliable national survey data that would allow us to separately price these staff types.

Comment: The American Society of Radiologic Technologists (ASRT) recommended that we use the 2001 ASRT survey submitted with its comment to price the MRI, CAT scan and angiographic technologists, rather than crosswalking their wage rate from the radiologic technologist. The ASRT data show an annual salary of $42,143 for a CAT scan technologist and $43,118 for an MRI technologist.

Response: We have reviewed the ASRT data for MRI and CAT scan technologists and will use that data for MRI and CT staff to price these staff types. There is a close congruence between the ASRT and the BLS salaries for those radiologic staff for whom we have data from both sources. Therefore, we have confidence that the wage rate we will use for the CAT scan and MRI technologists will be relatively correct. The wage rate for the CAT scan technologist will be $0.46 per minute and for the MRI technologist $0.47 per minute. We could not find data in the ASRT survey corresponding to the angiographic technician. Therefore, until some reliable national data are available, we will continue to crosswalk this wage rate from that of the radiologic technologist.

• We proposed merging the cardiac sonographer and the ultrasound technician into the sonographer staff type. Currently, all three are priced at the same rate.

Comment: The group of specialty societies commenting as the ''Coalition'' recommended that we maintain the description, ''cardiac sonographer,'' eliminate the description, ''ultrasound technician,'' and change the description ''sonographer'' to ''diagnostic medical sonographer.'' A specialty society representing echocardiography strongly urged that we adopt the above classifications proposed by the Coalition. This commenter also contended that crosswalking the salary for cardiac sonographers from that of diagnostic medical sonographers does not adequately reflect the salaries currently paid to cardiac sonographers. The society is currently seeking a reliable source of current survey information so that we can price cardiac sonographers separately.

Response: We have already proposed eliminating the description ''ultrasound technician'' and will accept the description of ''diagnostic medical sonographer.'' We proposed merging the cardiac sonographer into the sonographer classification because the two staff types were currently priced the same and we did not have any other salary data for the cardiac sonographers. However, we will accept the recommendation to keep the category ''cardiac sonographer'' and would be willing to reconsider the pricing if valid salary data are submitted.

• Because we were unable to find salary information for the staff type ''dosimetrist,'' we proposed crosswalking their salary from that of radiation therapists.

Comment: The American Society of Radiologic Technologists (ASRT) recommended that we review our proposed equal wages rates for radiation therapists and dosimetrists. The commenter reported that the annual salary of $57,330 for staff dosimetrists shown in the submitted 2001 ASRT survey is considerably higher than that for radiation therapists, which reflects their additional educational

requirements. The specialty society representing radiology also opposed combining dosimetrists and radiation therapists in the same group because these two staff types provide very different services for radiation oncology procedures and are paid on different pay scales. This commenter agreed with the proposed increased wage rate for radiation therapists, but believed that the dosimetrists would be paid approximately 20 percent more than their proposed rate. Two other societies, one representing therapeutic radiology and oncology and one representing radiation oncology centers, also supported an increase for dosimetrists and one commenter suggested that we substitute the title ''medical dosimetrist.'' In addition, these two commenters recommended that we use the ASRT data for radiation therapists as well.

Response: We appreciate receiving the ASRT data for dosimetrists and agree that the annual salary suggested by the ASRT survey more accurately reflects the appropriate wage rate for this staff type. The wage rate will be $0.63 per minute. We will also change the title for this staff type to ''medical dosimetrist.'' We will continue to use the BLS data to determine the wage rate for radiation therapists since there has been no evidence presented to show that the BLS survey was in any way not representative.

• We proposed using the average salary data for all certified health physicists from the 1999 survey conducted by the American Academy of Health Physics and the American Board of Health Physics to price the ''physicist'' staff type.

Comment: Three specialty societies representing radiology, therapeutic radiology and oncology, and radiation oncology centers recommended that we use the Professional Information Survey data from The American Association of Physicists in Medicine (AAPM) rather than from the American Academy of Health Physics (AAHP). One commenter pointed out that the AAHP survey does not include physicists working in radiation oncology. The AAPM survey for CY 2000 had an overall response rate of 58 percent and demonstrated an average annual salary of $107,900. One commenter suggested that we also change the title to ''medical physicist.''

Response: No copy of the AAPM survey was included with any of the comments, and we have been unable to review it at this time. However, we would not question the commenters' assertion that the AAPM survey was more relevant to physicists working in radiation oncology than the survey we used to determine our proposed wage rate. Therefore, we are using the AAPM survey salary of $107,900 on an interim basis to price the physicist wage rate and will endeavor to obtain and review this survey to finalize this issue. The wage rate for 2002 will be $1.21 per minute. For clarity, we will also accept the recommendation to change the title to ''medical physicist.''

• We were unable to obtain representative national salary data for the certified ophthalmic technician (COT), the certified ophthalmic medical technologist (COMT), or the orthoptist staff types. We proposed to crosswalk the COT and COMT to the laboratory technician and histotechnician, respectively, since we believe that the skill and responsibility of these staff types would generally correspond. In the absence of any national salary data for the orthoptist, we proposed to crosswalk the salary from that of the COMT, the highest level of ophthalmic medical personnel. We also proposed crosswalking the salary data for the certified retinal angiographer from the data listed for ophthalmic photographers in the *Salary Expert.* We stated that we would welcome reliable and representative national salary data for these staff types.

Comment: The specialty society representing ophthalmologists commented that they would be pleased to offer additional assistance to validate the salaries for ophthalmic medical technicians and other ophthalmic clinical staff. At this time, the commenter agreed that the proposed crosswalks for these staff types are acceptable.

Response: We will be implementing these crosswalks as proposed.

• We proposed to crosswalk the wage rate for the staff type ''dietitian'' from the BLS salary data for dietitians and nutritionists.

Comment: The American Dietetic Association (ADA) commented that it believed that the BLS database includes salaries for non-credentialed dietitians and nutritionists and that we should reference ADA data from its membership surveys that estimates 2001 adjusted median annual income for dietitians to be $51,006.

Response: We would be willing to look at the ADA survey data if they were submitted to us. We would, of course, have to review and analyze these alternative survey data before we could substitute them for the BLS data that we have proposed to use. However, until we are convinced that the ADA data were equally or more representative of dietitians who serve as clinical staff for services on the fee schedule, we will continue to use the BLS data as our source of salary data for dietitians.

• We proposed to delete those clinical staff that can bill separately from the list of CPEP staff types. Therefore, we proposed substituting physical therapy aide for physical therapist, registered nurse for physician assistant, nurse practitioner and psychologist, and counselor for social worker.

Comment: Two specialty societies representing internal medicine and family practice expressed support for this proposal because these staff types, for example, nurse practitioners, are used as physician extenders and their salaries should not be considered as practice expense. A society representing geriatrics argued that we should not delete the clinical staff that can bill separately from the list of CPEP staff types because not all of these individuals bill separately, resulting in a negative impact on geriatrics.

Response: We will implement our proposal to delete clinical staff that can bill independently from our practice expense input database, with the two exceptions noted below. We believe that the costs of these staff types are not practice expenses and should be captured in the work RVUs. This revision to our clinical staff list should not have a negative impact on geriatrics because none of the deleted staff types were assigned to any of the E/M services that would make up a large percentage of geriatricians' case loads.

Comment: A society representing social workers commented that it was not opposed to the deletion from the practice expense inputs of staff types that can bill directly. However, the commenter pointed out that only clinical social workers are able to bill directly, while other social workers cannot. Therefore, the society is opposed to the deletion of the staff type, ''social worker,'' from the CPEP inputs and the substitution of the staff type, ''counselor.'' In addition, the society would at least want the BLS data for ''social worker'' to be used for pricing, though it believes that the BLS data does not differentiate enough between the various types of practice within social work.

Response: The commenter is correct in stating that not all social workers can bill directly. Therefore, we will keep the social worker staff type in our database and will use the BLS data for ''social worker'' to determine the appropriate wage rate. In addition, we will not delete the staff type, ''psychologist,'' which is listed as the clinical staff for the psychological testing services. Because these services have no

physician work RVUs, the work of the psychologist can only be captured through the practice expense RVUs. We can find no appropriate national salary at this time for this staff type. Therefore, we will use the current wage rate of $0.82 per minute.

• We proposed to delete, as redundant, the ophthalmic medical personnel (OMP) staff type and to substitute the COMT/COT/RN/CST blend that was suggested by the American Academy of Ophthalmology and recommended by the PEAC.

Comment: The specialty society representing optometrists agrees with our proposal to delete, as redundant, the ophthalmic medical personnel (OMP) staff type and substitute the COMT/COT/RN/CST staff blend.

Response: We will implement this as proposed. Table 1 lists each staff type remaining in our practice expense input database, the source of the data, the staff type crosswalk used, the proposed annual salary in 2001 dollars, the 2002 wage rate per minute (including benefits) and the current cost per minute (including benefits).

TABLE 1.—REVISED WAGE RATES FOR CPEP STAFF TYPES

Description	Source	Crosswalk	Mean yrly 2001	Hrly + benefits	Revised per minute	Current per minute
Physical Therapy Aide	BLS	Physical Therapist Aides	21,077	13.84	0.23	0.23
Physical Therapy Assistant	BLS	Physical Therapist Assistants	35,223	23.13	0.39	N/A
Medical or Technical Assistant	BLS	Medical Assistants	23,681	15.55	0.26	0.16
LPN	BLS	Licensed Practical Nurses	30,341	19.93	0.33	0.27
RN	BLS	Registered Nurses	46,494	30.53	0.51	0.42
RN Oncology	BLS	Registered Nurses plus adjustment	54,862	36.03	0.60	0.50
Certified Surgical Technician	BLS	Surgical Technologists	28,814	18.92	0.32	0.26
Lab Technician	BLS	Medical and Clinical Laboratory Technicians.	29,724	19.52	0.33	0.29
Histotechnologist	ASCP	Histologic Technologist	33,925	22.28	0.37	0.31
Electron Microscopy Technologist	X–WALK	Cytotechnologist	41,099	26.99	0.45	0.31
Cytotechnologist	BLS	Medical and Clinical Laboratory Technologists.	41,099	26.99	0.45	0.42
EEG Technician	Salary Expert	Electroencephalographic Technician	29,151	19.14	0.32	0.28
Electrodiagnostic Technologist	BLS	Electroneurodiagnostic Technologists	33,529	22.02	0.37	0.30
Registered EEG Technologist	ASET	Registered EEG Technologist	42,707	28.05	0.47	0.40
Vascular Technologist	nVision Survey	Vascular Technologist	49,758	32.68	0.54	0.35
Cardiovascular Technician	BLS	Cardiovascular Technologists and Technicians.	34,794	22.85	0.38	0.35
Radiologic Technologist	BLS	Radiologic Technologists and Technicians.	37,126	24.38	0.41	0.32
Mammography Technologist	ASRT	Mammography Technologist	39,212	25.75	0.43	N/A
Angiographic Technician	BLS	Radiologic Technologists and Technicians.	37,126	24.38	0.41	0.35
CAT Scan Technologist	ASRT	Computed Tomography Technologist	42,143	27.68	0.46	0.32
MRI Technologist	ASRT	Magnetic Resonance Imaging Technologist.	43,118	28.32	0.47	0.32
Nuclear Medicine Technician	BLS	Nuclear Medicine Technologists	44,361	29.13	0.49	0.39
Diagnostic Medical Sonographer	BLS	Diagnostic Medical Sonographers	45,751	30.05	0.50	0.39
Cardiac Sonographer	BLS	Diagnostic Medical Sonographers	45,751	30.05	0.50	0.39
Radiation Technical Therapist	BLS	Radiation Therapists	45,333	29.77	0.50	0.40
Medical Dosimetrist	ASRT	Medical Dosimetrist	57,330	37.65	0.63	0.50
Medical Physicist	AAPM	Medical Physicist	110,166	72.35	1.21	0.97
COT	X–WALK	Lab Technician	29,724	19.52	0.33	0.26
COMT	X–WALK	Histotechnician	33,925	22.28	0.37	0.28
Optician	BLS	Opticians, Dispensing	26,336	17.30	0.29	0.28
Certified Retinal Angiographer	Salary Expert	Ophthalmic Photographer	35,453	23.28	0.39	0.35
Orthoptist	X–WALK	COMT	33,925	22.28	0.37	0.32
Respiratory Therapist	BLS	Respiratory Therapists	38,537	25.31	0.42	0.42
Speech Pathologist	BLS	Speech-Language Pathologists	49,996	32.83	0.55	0.42
Audiologist	BLS	Audiologists	47,748	31.36	0.52	0.41
Registered Dietician	BLS	Dieticians and Nutritionists	39,050	25.65	0.43	0.37
Counselor	BLS	Mental Health Counselors	30,769	20.21	0.34	0.42
Social Worker	BLS	Medical and Public Health Social Workers.	37,011	24.31	0.41	0.33

The CPEP clinical staff inputs also include blends of staff types that are used for those services when more than one type of clinical staff may be used in the performance of the service. We will establish the payment rates for these blends by calculating a simple average of the wage rates of the staff types included. Table 2 shows the blended staff types, the 2002 cost per minute and the current cost per minute.

Note: We received no comments on the proposed cost per minute for the staff blends, so these rates will be implemented as proposed.

TABLE 2.—REVISED WAGE RATES FOR CPEP BLENDED CLINICAL STAFF TYPES

Description	Revised per minute	Current per minute
COMT/COT/RN/CST	0.38	0.307

TABLE 2.—REVISED WAGE RATES FOR CPEP BLENDED CLINICAL STAFF TYPES—Continued

Description	Revised per minute	Current per minute
Lab Tech/Histotech	0.35	0.297
Lab Tech/MTA	0.30	0.257
Optician/COMT	0.33	0.278
RN/LPN	0.42	0.389
RN/LPN/MTA	0.37	0.317
RN/OCN	0.56	0.497
RN/Respiratory Therapist	0.47	0.421
RN/Sonographer	0.51	0.405
Dosimetrist/Physicist	0.920	N/A

(v) Revision of the Ophthalmology Visit Supply Package

In its May 2000 submission to us, the RUC recommended the use of an ophthalmology visit supply package that would contain the routine supplies typically used in each 90-day global postsurgical visit for ophthalmology services. We accepted this recommendation. However, upon further review, we noted that two of the supplies, rev eyes and post myd spectacles, were not used in many of the postsurgical office visits. Therefore, after consulting with the ophthalmology specialty society, we proposed to remove these two items from the ophthalmology visit package. Instead, we proposed including these items as appropriate on a code-by-code basis.

Note: Since we received no comments on this issue, we will implement this revision on the supply package as proposed.

(vi) Deletion of Contrast Agents from the Practice Expense Inputs

Section 430(b) of BIPA amends section 1861(t)(1) of the Act to include contrast agents in the definition of drugs and biologicals. Previously, contrast agents were defined as supplies and were included in the list of CPEP supplies for the appropriate services. Therefore, we proposed to delete the costs of the following contrast agents from our CPEP data: hypaque, methylene blue, high-density barium, polibar, telopaque tablets, barium paste contrast, effervescent sparkies (fizzies), and renographin-60 iodinated contrast.

Comment: The specialty society representing radiology had no comment on the suggested list of deletions from the CPEP supplies. However, the society expressed concern that there are no HCPCS codes established for these deleted items and wanted information on how to bill for these supplies.

Response: As stated above, we proposed to delete contrast agents from the practice expense inputs in response to legislation that included contrast agents in the definition of drugs. This proposal was made to ensure that we did not include in the practice expense the costs of items that could also be billed separately. However, section 1842(o)(1) of the Act makes clear that the payment of 95 percent of the average wholesale price (AWP) can be made only if the drug is not paid on a cost or prospective payment basis. We believe that if we do include payment for any contrast agent in the practice expense RVUs, no other payment should be made for this item. After further consideration of this issue, however, we will continue to include the contrast agents listed in our proposal in our practice expense inputs at this time. Therefore, we are withdrawing the proposal.

c. Physician Time

RUC Time Database

The primary sources for the physician time data used in creating the specialty-specific practice expense pools are the surveys performed for the initial establishment of the work RVUs and the surveys submitted to the AMA RUC. The AMA informed us that some of the times used for the November 1998 final rule (63 FR 58823) differed from the official RUC database, and we agreed to use the RUC-verified physician time database when we received it from the AMA. Subsequently, the AMA notified us that there were gaps in its own database for certain global surgery codes and that a revised time database would be sent to us once all the times were verified. We have now received this revised database and proposed to use it in the calculation of the specialty-specific practice expense pools. It should be noted that the RUC database reflects the physician times for those codes that were surveyed as part of the second 5-year review of physician work.

Comment: We received a number of comments that supported using the physician time data. One commenter indicated that the new time database is expected to provide greater accuracy and consistency in the practice expense calculations. While commenters representing family physicians, internists, and rheumatologists supported use of the new time data, they also indicated that improvement is still needed. Specifically, these commenters suggested that the number and level of postoperative visits and the corresponding physician time included in the global surgical period may be overstated. The commenters noted that we previously indicated that we would study length of stay data relative to the number of postoperative visits and included in the surgical period, and they encouraged us to use this information to further refine the physician time data. One commenter indicated that surgeons rarely meet the criteria for billing critical care services in the postoperative period even though the time and value of critical care services are proposed for inclusion in the global period of some surgical codes.

Organizations representing thoracic surgeons indicated that we should not incorporate the new time data that will result in additional practice expense reductions for thoracic and cardiac surgery. These commenters said that no further reductions in the practice expense RVUs for cardiac surgery should be made until new studies of practice expense related issues by the Office of Inspector General and the General Accounting Office are completed. This commenter indicated that the new physician time data covers only 585 of the 7,928 codes in the physician fee schedule but directly affects cardiothoracic surgery because there are revised times for many high volume heart and chest procedures. The commenter suggested that the new time information needs to be put in the context of changes in physician time that may have occurred in the last five to ten years on the remaining 7,343 procedure codes where there are no new physician times. Another commenter representing a cardiology subspecialty indicated that we incorporated RUC time data for only 1,900 of the more than 7,000 procedure codes. This commenter suggested that we should continue using available time from a single source until a consistent source that includes information on all CPT codes is available.

Response: As indicated in the proposed rule, the RUC submitted physician time data for nearly 2,000 CPT codes in May 2001 and recommended that we use these new physician times in the practice expense methodology. The RUC recently sent new time for use in the final rule that reflected refinements for a few codes. We note that the source of the RUC times are actually the physician specialty societies themselves, including those associations that have objected to our use of the data. The data largely come from the specialty society surveys that were forwarded to the RUC to support requests for physician work RVUs for new and revised codes or services that were part of the 5-year review. The RUC made a comprehensive effort to validate these times before forwarding them to us. The RUC indicated to us that, over a period of 2

years, specialties had been provided with an opportunity to review the data and determine that they were accurately recorded.

While the new times forwarded by the RUC represent a minority of CPT procedure codes, we note that they account for over 60 percent of the allowed services that are paid under the physician fee schedule. In response to the comment that we should make changes only when we have a single source of time data for all codes, we note that there has never been a single source of time for all codes. While time for some codes is based on the original work of Harvard University, there are many codes that came into existence since the Harvard survey was completed. The only data source for these codes is the RUC.

We acknowledge that the Office of Inspector General is studying issues related to physicians bringing clinical staff to the hospital and the General Accounting Office is reviewing our use of supplemental practice expense survey data. Since these studies are unrelated to physician time, we do not believe they constitute a reason to suspend incorporation of the new time data into the practice expense methodology.

In response to the comments that suggest that the physician times in the postoperative period may be overstated, the RUC indicated to us that ''a number of improvements were made to the specifications regarding the level of postoperative visits to more accurately capture each element of physician time.'' While the total times we received from the RUC reflect the number, types, and level of E/M services furnished in the postoperative surgical period, these services are not separately paid when furnished as part of a global surgical service. Since these services are not paid separately, it is difficult to find objective information that indicates how E/M services are provided in the postoperative period. Currently, the only source of information we can use is information that the RUC has supplied and data that previously existed in our files. While we have undertaken research that combines information on inpatient hospital stays with claims for physicians' services, these data have limitations for determining the level or type of visit being furnished in the postoperative period. We would consider any further evaluation by the RUC on this issue.

d. Calculation of Practice Expense—Other Issues

Comment: Several commenters requested additional clarification and information concerning the cause of reductions of 9 to 13 percent in the practice expense RVUs for electrophysiology services. One commenter indicated that there was no explanation of the proposed reduction in practice expense for CPT codes 33207, 33208, 33249, and 93651. The commenter suggested that we should provide a more complete explanation of the proposed reductions or rescind them.

Response: Our observation is that there is no more than a 9 percent reduction in practice expense RVUs for any of these codes. We also note that the change in total payment for these codes as a result of the change in practice expense RVUs is less than half of this amount. We modeled five different changes to the practice expense methodology in our August 2, 2001 proposed rule (66 FR 40397). Of these changes, the change to physician time has the greatest effect on these codes. Since the change in the practice expense RVUs results from new information that affects payments for all procedure codes, we are continuing to implement the reduction in practice expense RVUs that were proposed for these codes.

Comment: We received one comment expressing concern that the separate professional interpretation and technical components for CPT code 95824 (cerebral death evaluation) have been eliminated. The commenter requested that we restore the professional and technical components of this service and crosswalk the technical component value from a similar code, CPT code 95822 (EEG, sleep only). The commenter also suggested that the work RVUs should be 1.08 RVUs, the same as similar EEG codes.

Response: We have restored the separate professional and technical components of this service. This service will likely be exclusively furnished for patients who are in an institutional setting. Thus, we will pay under the physician fee schedule only for the professional interpretation. Payment for the technical component of the service will be made through our payment to the institution for facility services. Since the technical component of this service is never provided outside of a hospital, we do not have enough information under the resource-based methodology to establish nonfacility pricing. In the unlikely event that this service is provided in the nonfacility setting, we are making the global and technical component of this service subject to carrier pricing. This change will apply to several other services that are not furnished in nonfacility settings. We are not making changes to the physician work RVUs for cerebral death evaluation in this final rule. There were no requests to revise the work RVUs for this code as part of the 5-year review of physician work.

Comment: An organization representing vascular surgeons stated that the methodology used to incorporate the supplemental practice expense survey data has failed. This commenter indicated that the practice expense per hour for vascular surgeons increased by 9 percent from using supplemental data; however, payments actually declined between the November 2000 final rule and the August 2001 proposed rule. The commenter provided potential explanations for the change to practice expense RVUs. The commenter suggested that the results are inconsistent with the statute that requires payments to recognize all costs and violates the Administrative Procedure Act that rulemaking cannot be arbitrary and capricious.

The commenter suggested an option that would result in a total increase in vascular surgery payments of 9 percent, consistent with the results of the supplemental survey. This option would involve identifying vascular surgery procedure codes that decreased in payment and reallocating RVUs such that aggregate payments to vascular surgeons would increase by 9 percent.

Response: While the commenter is correct in stating that the practice RVUs for several high-volume vascular surgery procedures declined in our proposed rule, it is important to note that the changes occurred independent of the use of supplemental practice expense survey data. The supplemental practice expense survey data were incorporated into the methodology in the November 1, 2000 final rule (65 FR 65385).

The changes that occurred between the November 2000 final rule and the August 2001 proposed rule were the result of the five changes to the methodology that we modeled and described in the August 2, 2001 (66 FR 40397) proposed rule. The additional reductions in practice expense payments for vascular surgery codes that concern this commenter are attributed to the changes we made to physician time. As we have stated previously, the explanation of how time affects specific codes is complex and requires extensive data analysis. We would be willing to meet with interested parties to discuss the effects of the practice expense methodology further.

The commenter suggests that we make decisions about an appropriate increase

in value for specific services and reallocate RVUs consistent with these decisions. We do not believe that such a policy would be appropriate. We have established a methodology for determining practice expenses and have valued all services using that process with the exception of services that have no physician work RVUs. For these services, we have established RVUs using an alternative methodology. It is not possible to deviate from those methodologies and reallocate RVUs to achieve particular results that may be more desirable to some individuals than to others. Such decisions about ''appropriateness'' would become highly subjective and would, in our view, be more likely to be criticized as arbitrary and capricious.

Comment: We received comments from specialty societies representing technical component providers regarding the status of the zero-work pool. Commenters representing radiology, cardiology, echocardiography and radiation oncology centers strongly supported our position of maintaining the status of the zero-work pool until an appropriate alternative methodology can be determined. Two commenters argued that none of the direct or indirect cost information resulting from the CPEP process should be utilized to establish payment amounts for technical component services unless and until we further consider the entire methodology to be applied for technical component services. All commenters urged us to consult closely with associations representing the zero-work pool providers before making any changes in this regard. One commenter emphasized that no changes should be made without further research and discussion.

Response: We agree that the status of the zero-work pool should not be changed until an alternate approach that values technical component services appropriately can be developed. Over the next several months, we will be analyzing the options for such an alternative approach contained in the report, ''The Resource-Based Practice Expense Methodology: An Analysis of Selected Topics,'' prepared by our contractor, The Lewin Group. This report can be found on our web site, and we would welcome comments on these options from all interested parties. (See the Supplementary Information section of this rule for directions on accessing our web site.) We also agree with the commenters that we should consult with the affected specialties as we proceed, and we will seek to maintain an open dialogue with the medical community on this issue.

Comment: A commenter representing speech, language, and hearing professionals recommended that the zero-work pool be modified to accept the clinical staff wage increases. Seventy percent of the procedure codes used by audiologists that are covered by Medicare are in that pool and, thus, even though the proposed wage rate for audiologist has increased by 24 percent, this increase will not be reflected for those non-work services.

Response: The commenter is correct in stating that, because the CPEP data are not used as allocators in the zero-work pool, the increases in the clinical staff wage rates will not affect the payments for audiology services at this time. However, as we mentioned above, we are seeking to develop an appropriate alternative for the zero-work pool and, when such an alternative is implemented, the revised wage rates will be applied to audiology services. In addition, we allow specialties to withdraw their services from the zero-work pool if the specialty believes that their services will be more appropriately valued outside that pool.

Comment: An organization representing diagnostic imaging centers stated that, if we adopt the suggestion in the report of The Lewin Group to establish specialty-specific zero-work pools, it has already conducted a survey that establishes the costs per hour of providing diagnostic imaging technical component services. The commenter added that, regardless of the approach that we choose, the organization welcomes the opportunity to work with us with respect to any changes that may be contemplated in the zero-work pool methodology.

Response: As we have noted above in our discussion on specialty-specific supplementary surveys, all of these surveys must meet the criteria stated in our November 2000 final rule. We would be willing to review the survey to see if the data can be used to develop a specialty-specific practice expense per hour. In addition, we, too, would welcome the opportunity to work with the organization as we develop an alternative to the zero-work methodology.

e. Site-of-Service

Comments on Site-of-Service Clarification of Payment Policy

In the November 2, 1998 final rule (63 FR 58830) and the November 2, 1999 final rule (64 FR 59407), we indicated the circumstances under which either the facility or the nonfacility RVUs are used to calculate payment for a service. Specifically, we indicated that the lower facility practice expense RVUs apply when the service is performed in an Ambulatory Surgical Center (ASC) and the procedure is on the ASC-approved procedures list. The higher nonfacility practice expense RVUs apply to procedures performed in an ASC that are not on the ASC-approved list because there will be no separate facility payment for these services. As explained in the August 2001 proposed rule, we have received a number of inquiries about the place-of-service that should be used on the Medicare claim when a service that is not on the ASC-approved procedures list is furnished in an ASC. In these circumstances, we stated that physicians should indicate ASC as the place-of-service on the Medicare claim. Other questions have arisen as to whether a beneficiary can be billed for the ASC facility fee when Medicare does not pay a facility fee because a procedure not on the ASC list is performed in a certified ASC. In this situation, Medicare pays the physician the higher nonfacility practice expense RVUs because the ASC is effectively serving as a physician's office, and Medicare's payment for the physician's service includes payment for all practice expenses incurred in furnishing the service. The ASC benefit is not implicated since the services do not meet the provisions of section 1833(i) of the Act. The services are covered as physicians' services and paid under the physician fee schedule. Therefore, payment to the physician reflects payment for the whole service, and the beneficiary cannot be charged in excess of the limiting charge for the physician fee schedule service.

Comment: Two commenters indicated that conditions of participation and/or survey and certification guidelines limit physicians in an ASC to furnishing only surgical procedures on the ASC approved list of procedures. They stated that such restrictions interfere with providing medical care that is in the patient's interest. The commenters request that we revise the regulations to allow physicians to furnish surgical and other medical procedures that are not on the approved ASC list in an ASC.

Response: Because our proposal relates only to payment policy, we are finalizing it as proposed. The payment policy will apply to services furnished in an ASC that are not on the ASC-approved list to the extent that such services are permitted under the conditions of participation developed by our Office of Clinical Standards and Quality (OCSQ) and by the survey rules developed by our Center for Medicaid and State Operations (CMSO). It is our understanding that current regulations

that restrict ASCs to furnishing surgical services does not limit them to surgical services on the ASC-approved list, but rather, includes all surgical services. However, questions about rules that limit services that can be furnished in an ASC are beyond the scope of this final rule.

B. Nurse Practitioners, Physician Assistants, and Clinical Nurse Specialists Performing Screening Sigmoidoscopies

Based on our review of current medical literature, we believe that nurse practitioners (NPs), clinical nurse specialists (CNSs), and physician assistants (PAs) whose services are covered under Medicare and who have been trained are qualified to perform screening sigmoidoscopies safely and accurately. Therefore, in the August 2, 2001 proposed rule, we proposed revising § 410.37(d) to provide that, in order for screening sigmoidoscopies to be covered, they must be performed by medical doctors, doctors of osteopathy, PAs, NPs, and CNSs, if they meet the applicable Medicare qualification requirements in §§ 410.74, 410.75, and 410.76, and if they are authorized to perform these services under State law.

Comment: Fifteen commenters addressed the issue of whether to allow non-physician health care professionals to perform screening flexible sigmoidoscopies for Medicare coverage and payment purposes. Four of the commenters representing national non-physician health care professional organizations and a health care consultant group enthusiastically supported the proposal. Ten commenters, all national medical associations or medical specialty groups, expressed various concerns about the proposal but agreed that it was appropriate for NPs, PAs, and CNSs to perform these services. These commenters suggested clarification and revision of the rule in a number of different areas, such as the need for physician supervision and appropriate training and experience standards, to ensure quality of care in the non-physician performance of these examinations. Two of these ten commenters that suggested the need for additional requirements were national gastroenterological physician groups which were divided in their enthusiasm for the proposal. The American Gastroenterological Association indicated that properly trained physician assistants, nurse practitioners and clinical nurse specialists are capable and qualified to perform screening flexible sigmoidoscopies. However, the Association insisted that in no case should such practitioners be permitted to do so without being directly supervised by an appropriately trained and qualified onsite physician. In addition, the Association urged that these non-physician providers should never be allowed to perform these examinations without some assurance that they have been properly educated and trained to perform them. These comments were echoed by several other physician groups. On the other hand, the American College of Gastroenterologists supported the proposal without specifically mentioning the need for physician supervision and education and experience requirements. The College emphasized that there is a great need for sigmoidoscopy screening to be performed in the Medicare age group. Moreover, they observed that there may not be sufficient numbers of physicians available to perform the procedure, posing an access problem for our beneficiaries. The College stated that, if we proceed with the proposal, non-physician practitioners should be required to provide certain specific information to beneficiaries stating who had performed the examination and its impact on available benefits in future years.

Another organization representing family physicians also noted conditions which should be met if these practitioners provide this service as proposed, but indicated that the existing Medicare regulations for these practitioners suggested that these conditions are met. For example, existing Medicare regulations require general (not onsite) rather than direct (onsite) supervision of PAs. Several other physician organizations in their recommendations also appear to support a requirement less strict than direct physician supervision.

One other commenter—a national medical association—opposed the proposal because of concerns as to whether non-physician health care professionals could respond appropriately to problems or complications that might possibly occur during the performance of the screening procedure when a physician (with a higher level of medical skills) is not present at the facility. None of the commenters who suggested revisions to the proposed rule to specify requirements for physician supervision and/or formal training and experience, or who opposed it, produced scientific evidence in support of their views.

Response: As we indicated in the proposed rule, a growing body of evidence from the medical literature has shown that certain properly trained non-physician health care professionals can carry out screening by flexible sigmoidoscopy as accurately and safely as physicians. (Scheon et al. Archives of Internal Medicine 2000) This procedure requires fewer supervised examinations to attain objective measures of technical competency than other endoscopic procedures, does not require sedation, and has a low rate of related complications. In the studies reviewed, physician and non-physician endoscopists achieved similar polyp detection rates and depth of insertion in screening performed independently. No significant complications from sigmoidoscopy were reported in any of these studies. The level of satisfaction with the procedure was similar for all practitioners.

This demonstration of the ability of non-physician practitioners to perform flexible sigmoidoscopy screening safely and accurately is a very significant development. As the American College of Gastroenterology noted in its comments, there is a physician availability and a related beneficiary access problem of concern to CMS. The Balanced Budget Act of 1997, effective January 1, 1998, expanded Medicare coverage of non-physician practitioner services to address concerns about access to services, especially in rural and other areas of the United States where there is a lack of availability of physicians for performing certain services such as screening flexible sigmoidoscopies. The law and related regulations also outline the level of supervision or medical direction for these non-physician practitioners.

Flexible sigmoidoscopy is one of the promising modalities available for decreasing mortality from colorectal cancer. The American Cancer Society estimates that more than 56,000 Americans will die of colorectal cancer this year. Studies have found that the use of screening flexible sigmoidoscopy could lead to a 30 percent reduction in total colorectal cancer mortality. (Selby et al. New England Journal of Medicine 1992.) In view of limited Medicare beneficiary access in certain areas, because screening flexible sigmoidoscopy remains an underused cancer-prevention procedure, and, in the absence of any submitted scientific literature that contradicts the underlying medical evidence supporting the proposal, we do not believe that commenters have presented us with a basis for revising the proposal as they have suggested. However, we have found that a number of commenters have offered us interesting suggestions for implementing the proposal and clarifying the agency's intent in this

regard, which we explain in our response to the more specific comments summarized below.

Comment: Several commenters referenced a recent OIG report entitled ''Medicare Coverage of Non-Physician Practitioner Services'' (OEI–02–00–00290), which they believe makes clear that CMS does not have systems in place to ensure that non-physician practitioners who provide beneficiaries with medical services and who bill Medicare directly, are performing their services in accordance with State law. One commenter states that the report implies that it is not possible for Medicare to ensure that a State law allows non-physician practitioners to provide flexible sigmoidoscopies or that the services are provided in an integrated practice arrangement with appropriate physician supervision. For example, the commenter pointed out that 16 carrier medical directors interviewed by the OIG reported that they do not verify that non-physician practitioners are performing services within their State scope of practice, and at least 22 carriers do not check the collaborative agreement required for nurse practitioners and clinical nurse specialists. The commenter indicated that the OIG concluded that services performed and billed by non-physician practitioners create potential payment and quality of care vulnerabilities since, (1) ''non-physician practitioner billings are rising rapidly, but controls, which are based on scopes of practice, are limited'', and (2) carriers ''do not have sufficient guidance to distinguish which non-physician practitioner services should be reimbursed by the program and which should not.'' In light of these OIG findings, the commenter urges CMS to review whether and how the agency and its carriers can ensure that the above-mentioned concerns are resolved successfully when non-physician practitioners perform screening flexible sigmoidoscopies. The commenter says that ''it is vital that CMS takes steps to ensure the fulfillment of these requirements to minimize any risk of experiencing the vulnerabilities referenced in the OIG report with respect to quality and payment issues.''

Response: We agree with OIG's conclusion identifying program vulnerabilities when non-physician practitioners bill Medicare directly for their services. We also respect beneficiaries' choices and their need for access to medical services. While appreciative of OIG's suggestion that it may be appropriate to consider additional controls for Medicare payments to non-physician practitioners, we are sensitive to issues that might arise from different treatment of different classes of practitioners. As appropriate, we will monitor non-physician practitioner services for both overall trends and for complex services.

Medicare currently defers to State licensing boards for regulating and enforcing scope of practice laws. Before issuing a Medicare billing number to a nurse practitioner or a nurse clinical specialist, contractors first determine whether the applicant has a valid license within the State. If a licensing board subsequently acts to suspend a practitioner's license to practice, then Medicare suspends payments under the practitioner's Medicare billing number. This practice is the same for physician and non-physician practitioners.

To protect the integrity of the Medicare program, all claims submitted are subject to data analysis that may lead to a focused or a random review by a Medicare contractor. If Medicare is to begin monitoring practitioners for compliance with State laws and regulations, the program will have to develop additional regulations and policies and impose additional workloads on contractors and perhaps for all practitioners as well. In deciding whether such a process is necessary and appropriate, we will carefully consider these comments in this regard.

Comment: One commenter asked CMS, in implementing the proposal, to ensure that non-physician practitioners are required to tender a standard notification to Medicare beneficiaries providing them with a clear statement that the screening flexible sigmoidoscopy is being furnished by a non-physician practitioner. In addition, the commenter suggests that the beneficiary be notified that under the new colorectal cancer screening benefit, effective July 1, 2001, any average-risk individual receiving a covered screening flexible sigmoidoscopy will be precluded by law from receiving Medicare payment for a screening colonoscopy (which under Medicare regulations (§ 410.37(f) must be furnished by a physician)) for four years.

Response: We believe that our Medicare beneficiaries generally are knowledgeable about the identity of the Medicare practitioner that is furnishing them with a flexible sigmoidoscopy screening examination. Accordingly, we believe that there is no need for non-physician practitioners to provide beneficiaries with any formal notification statement in this regard. As for the suggestion that a non-physician practitioner should notify an average-risk beneficiary that providing him/her with a screening flexible sigmoidoscopy will preclude Medicare from paying for a screening colonoscopy (which must be performed by a physician) for four years, we believe that all Medicare practitioners should help to inform beneficiaries with respect to this limitation. However, we do not believe that any practitioner should be required to formally notify beneficiaries to this effect. While we believe that our Medicare contractors, and all our practitioners have an important role to play in educating our beneficiaries about the various conditions of coverage and payment limitations that apply to different colorectal cancer screening options that are available to them, we will not use these regulations as a mechanism for implementing the requested educational efforts.

Comment: One commenter suggested that we allow registered nurses to perform these as well, as a delegated act, under a physician's direction with the physician billing Medicare for the procedure.

Response: The regulation proposal to allow nurse practitioners, physician assistants, and clinical nurse specialists to perform screening flexible sigmoidoscopies for Medicare purposes was designed to increase beneficiary access to these screening services, especially in rural and other areas where there is a shortage or a lack of availability of physicians who are trained and qualified to perform these examinations. These non-physician practitioners are typically licensed independent practitioners who are recognized under the Medicare law and regulations for coverage and payment purposes. Under Medicare, these non-physician practitioners may be paid under the physician fee schedule for their tests (and treatments) that would be physicians' services if furnished by a physician when they are authorized by the State to perform such services. Registered nurses are not licensed independent practitioners who are recognized under Medicare law for coverage and payment purposes.

Comment: One commenter suggested that we should monitor beneficiary health outcomes that result from the performance of sigmoidoscopy examinations by non-physician practitioners to ensure that they are done safely and accurately.

Response: We had not planned to monitor beneficiary outcomes that might be related to implementation of the proposal to allow non-physician practitioners to perform flexible sigmoidoscopy screening because of the available evidence that they can provide these services safely and effectively. If we were to consider doing this,

however, we would probably want to consider doing a comparative study of health outcomes of beneficiaries who have been screened by both physician and non-physician practitioners who have performed these examinations.

Such a study would mean that a number of physician and non-physician practitioners would have to collect and report data to us on their Medicare patients for a certain period of time, which could be burdensome for them. We may be interested in doing a study in this area in the future if we had any credible evidence of a serious problem in this area, but, at this time, we do not believe a study is necessary.

Result of Evaluation of Comments

We are adopting our proposal to allow certain non-physician practitioners to perform screening flexible sigmoidoscopies.

C. Services and Supplies Incident to a Physician's Professional Services: Conditions

Section 1861(s)(2)(A) of the Act authorizes coverage of services and supplies (including drugs and biologicals that are not usually self-administered by the patient) furnished incident to a physician's service. These drugs and biologicals are commonly furnished in physicians' offices without charge or included in the physicians' bills. This statutory ''incident to'' benefit differs from the ''incident to'' benefit in the hospital setting as set forth in section 1861(s)(2)(B) of the Act, which authorizes coverage of hospital services (including drugs and biologicals which are not usually self-administered by the patient) incident to a physician's service furnished to outpatients and partial hospitalization services furnished to outpatients incident to a physician's service. This provision only addresses coverage of ''incident to'' services under section 1861(s)(2)(A) of the Act. In addition, the statute provides Medicare coverage of services incident to practitioners other than physicians.

The Medicare Carriers Manual currently requires that the physician (or other practitioner) be either the employer of the auxiliary personnel or be an employee of the same entity that employs the auxiliary personnel. In the August 2, 2001 rule, we proposed to revise § 410.26 to codify our existing policy outlined in section 2050 of the manual. Specifically, we proposed to codify the definitions of auxiliary personnel, direct supervision, independent contractor, leased employment, non-institutional setting, practitioner, and services and supplies for purposes of services provided incident to a physician's service.

In addition, we proposed to allow auxiliary personnel to provide services incident to the services of physicians (or other practitioners) who supervise them, regardless of the employment relationship of the physician (or other practitioner) to the entity that employed the auxiliary personnel.

All commenters supported the proposal. Their specific comments are addressed below.

Comment: Commenters noted three errors in the proposed text of the regulation. First, in the definition of auxiliary personnel set forth in § 410.26(a)(1), after the phrase ''under the supervision of a physician,'' the term ''(or other practitioner)'' was omitted. Second, in the definition of services and supplies set forth in § 410.26(a)(7), the phrase ''(including drugs and biologicals that, as determined in accordance with regulations, cannot be self-administered)'' should be changed to ''(including drugs and biologicals which are not usually self-administered by the patient)'' in accordance with section 112 of the BIPA, which amended sections 1861(s)(2)(A) and (B) of the Act. Third, in the supervision requirement set forth in § 410.26(b)(5), the word ''direct'' was omitted.

Response: We agree with these comments, and we have corrected these errors.

Comment: One commenter requested that independent contractor physicians also be recognized as employees under the reassignment policy set forth in section 3060 of the Medicare Carrier Manual.

Response: As stated in the August 2, 2001 rule, this proposal only applies to the incident to policy. Furthermore, we are not defining or re-defining the term employment. Instead, we proposed to permit physicians (or other practitioners) to directly supervise auxiliary personnel regardless of the employment relationship of the physicians (or other practitioners) with the entity that hired the auxiliary personnel. In order to bill and receive payment from Medicare under this policy, all other applicable requirements must also be met. For example, the service must be medically reasonable and necessary, and appropriate reassignment must be executed.

Comment: One commenter suggested using in § 410.26(b) all of the terms defined in § 410.26(a) or deleting the terms not used in § 410.26(b).

Response: We found one term—leased employment—that was not used in § 410.26(b). However, we will not eliminate this term because it is used to define the term auxiliary personnel.

Comment: Several commenters requested that we clarify and distinguish between the physician (or other practitioner) ordering the incident to service and the physician (or other practitioner) supervising the auxiliary personnel who perform the incident to service. They stated that confusion exists as to whose Medicare Part B billing number should be used on the claim form.

Response: Inherent in the definition of an incident to service is the requirement that the incident to service be furnished incident to a professional service of a physician (or other practitioner). When a claim is submitted to Medicare under the billing number of a physician (or other practitioner) for an incident to service, the physician is stating that he or she either performed the service or directly supervised the auxiliary personnel performing the service. Accordingly, the Medicare billing number of the ordering physician (or other practitioner) should not be used if that person did not directly supervise the auxiliary personnel. We added language to the supervision requirement set forth in § 410.26(b)(5) to reflect this clarification.

Comment: One commenter pointed out that the claim form currently requires the physician (or other practitioner) to certify that he or she personally supervised the employee. Therefore, the commenter requested that we update the claim form to reflect the proposed regulations.

Response: We plan to update not only the claim form but also section 2050 of the Medicare Carriers Manual to reflect the new regulations.

Comment: A few commenters noted that the individual does not always receive an IRS–1099 form under an independent contractor arrangement. Instead, when a clinic, for example, contracts with an entity that has hired individuals to be furnished to the clinic, then the entity (and not the individual) receives the IRS–1099 form.

Response: We agree with these commenters. Therefore, we have added language to the definition of an independent contractor set forth in § 410.26(a)(3) to reflect this practice. However, we again emphasize that the applicable reassignment rules must also be met and that this incident to policy does not in any way alter the current requirements for valid reassignment.

Comment: One commenter encouraged us to specify in the regulations the acceptability of forms (other than the IRS W–2 form) that the Internal Revenue Service recognizes as

proof of employment, such as the Payroll Agent arrangement where IRS forms 2678 and 1997C are used instead.

Response: Under our proposal, the employment relationship is irrelevant to whether a physician (or other practitioner) can effectively furnish direct supervision of the auxiliary staff. Therefore, we decline to include language that may define or re-define the term employment.

Comment: One commenter suggested that we also include Ambulatory Surgical Centers (ASCs) and Community Mental Health Clinics (CMHCs) in the definition of a non-institutional setting because Medicare Part B payments for services provided in these settings are paid through the facility relative value units (RVUs) rather than the non-facility RVUs.

Response: The definition of a non-institutional setting is not derived from the definition of a facility used to determine the site of service and the application of the facility or non-facility RVUs. Because section 1861(s)(2)(B) of the Act authorizes payment for hospital incident to services, section 1861(s)(2)(A) of the Act cannot authorize payment for hospital incident to services. This provision is reiterated in § 411.15(m)(2). Similarly, § 411.15(p)(2)(ii) specifically excludes payment for incident to services in skilled nursing facilities (SNFs). Consequently, we defined non-institutional settings as all settings except hospitals and SNFs, and we do not plan to define ASCs and CMHCs as institutional settings.

Comment: Many commenters wanted us to restrict the definition of auxiliary personnel so that only certain individuals may perform a given incident to service. For example, they want us to mandate that only audiologists may perform cochlear implant rehabilitation services as incident to services. Likewise, they want us to permit only physical or occupational therapists to perform physical or occupational therapy as incident to services. In support, they noted that section 4541(b) of the BBA amended section 1862(a)(20) of the Act and required that physical or occupational therapy furnished as an incident to service meet the same requirements outlined in the physical or occupational therapy benefit set forth in sections 1861(g) and (p) of the Act.

Response: We have not further clarified who may serve as auxiliary personnel for a particular incident to service because the scope of practice of the auxiliary personnel and the supervising physician (or other practitioner) is determined by State law. We deliberately used the term any individual so that the physician (or other practitioner), under his or her discretion and license, may use the service of anyone ranging from another physician to a medical assistant. In addition, it is impossible to exhaustively list all incident to services and those specific auxiliary personnel who may perform each service.

Comment: Many commenters wanted us to re-emphasize that incident to services set forth in section 1861(s)(2)(A) of the Act do not include Medicare benefits separately and independently listed in the Act, such as diagnostic services set forth in section 1861(s)(3). Some even requested that we not permit these separately and independently listed services to be rendered as incident to services.

Response: We realize, as did the Congress with the enactment of section 4541(b) of the BBA, that many services—even those that are separately and independently listed—can be furnished as incident to services. However, this fact of medical practice is not inconsistent with our policy. We maintain that a separately and independently listed service can be furnished as an incident to service but is not required to be furnished as an incident to service. Furthermore, even if a separately and independently listed service is provided as an incident to service, the specific requirements of that separately and independently listed service must be met. For instance, a diagnostic test under section 1861(s)(3) may be furnished as an incident to service. Nevertheless, it must also meet the requirements of the diagnostic test benefit set forth in § 410.32. Namely, the test must be ordered by the treating practitioner, and it must be supervised by a physician. Thus, if a test requires a higher level of physician supervision than direct supervision, then that higher level of supervision must exist even if the test is furnished as an incident to service. Accordingly, we decline to prohibit a separately and independently listed service from being rendered as an incident to service. Instead, we reiterate that a separately and independently listed service need not meet the requirements of an incident to service.

Comment: Recognizing that this proposal affords flexibility in the way physicians (or other practitioners) are hired by an office or clinic, one commenter requested that non-physician practitioners be permitted to stand as *locum tenens* (taking the place of) for other non-physician practitioners as well.

Response: This proposed rule does not alter in any way the current *locum tenens* policy.

Result of Evaluation of Comments

We are finalizing our proposed revisions to § 410.26 with the corrections noted above.

D. Anesthesia Services

We generally use the 1988 American Society of Anesthesiologists' (ASA) Relative Value Guide as the basis for the uniform relative value guide. This guide is used in all carrier localities to determine payment for anesthesia services furnished by physicians under Medicare Part B. We proposed using the ASA base unit values from the 1999 guide beginning in CY 2002 for eight codes with ASA base unit values that were different from CMS's values (specifically, CPT codes 00810; 00902; 01150; 01214; 01432; 01440; 01770; and 01921). These are older codes and, while we accepted the ASA base unit value initially, the ASA has changed this base unit subsequently and no additional adjustment was made by us to the base unit. For CPT codes 00142 and 00147, we proposed maintaining the current base unit values although they differed from the ASA values because values for these two codes were established under the ''inherent reasonableness'' process in 1987.

Comment: The ASA identified additional CPT codes 00548, 00700, 00800, and 01916 with different base unit values in the most current ASA guide from our base unit values.

Response: We are accepting the ASA's comments subject to the following clarification. In all, 12 codes were presented where the ASA base unit differs from our base unit. Of these, code 01921, which appeared on the list in the August 2, 2001 proposed rule, will be deleted in 2002. Since this code has been deleted and will no longer be used, we will not assign base units to it and, as a result, only 11 codes will be considered.

These additional four codes were added to CPT before CY 2000. New and revised codes starting in CY 2000 and for subsequent years are evaluated on a code-specific basis under our usual process after we receive recommendations from the RUC. Thus, because we review the RUC recommendations and may make changes based on them, there could be differences between the ASA guide and our base unit values beginning in 2000. If the RUC or other commenters recommend and we agree to a base unit different from what ASA recommends, we will use that value and not the ASA

value, even though it may be published in the ASA's guide.

Result of Evaluation of Comments

The complete list of 11 CPT codes for which we will assign the ASA base unit values instead of the current CMS base unit values are as follows:

Code	CMS	ASA
00548	15	17
00700	3	4
00800	3	4
00810	6	5
00902	4	5
01150	8	10
01214	10	8
01432	5	6
01440	5	8
01770	8	6
01916	5	6

A related issue is the treatment of base unit values for new codes for 2002 as discussed in section V. The RUC reviewed the work values for 19 new anesthesia codes for 2002. We agree with the RUC on 17 of these codes but recommend lower values for 2 codes. The RUC recommended 9 units for CPT code 00797 (anesthesia for gastric restrictive procedure for morbid obesity) and we proposed 8 units. The RUC recommended 3 units for CPT code 01968 (cesarean delivery following neuraxial labor analgesia/anesthesia—list separately in addition to the code for primary procedure), and we proposed 2 units. (See section V for additional information on the valuing of these new anesthesia services.)

Result of Evaluation of Comments

We are implementing the base units for the 11 existing codes where there are differences between the ASA's guide and our base units and for which we received comments. In addition, we are implementing the base units which the RUC recommended for 17 new codes and the base units which we recommended and which are lower than the RUC's recommendation for 2 new codes.

E. Performance Measurement and Emerging Technology Codes

In the August 2, 2001 proposed rule (66 FR 40383) we included a discussion of the two new categories of CPT codes: Performance Measure codes, referred to as Category II CPT codes, which are intended to facilitate data collection; and, Emerging Technology codes, referred to as Category III CPT codes, which are intended to track new and emerging technologies.

For the Performance Measure codes, which have a syntax of four digits followed by the letter ''F,'' we stated that no values would be placed on the Performance Measure codes and no additional payment would be made for the use of these codes. Practitioners would, however, be able to report them on their Medicare bills to enable us to track these services.

For the Emerging Technology Codes, which have a syntax of four digits followed by the letter ''T,'' we stated that we would pay, on a case-by-case basis in specific situations, when we determine that the codes represent services that are not, in fact, experimental, but have been shown to be safe and effective. If the coverage policy is not consistent with the existing tracking codes, a Medicare-specific code may need to be developed to allow payment for the service. Thus, only specific emerging technology codes would be recognized for Medicare payment.

Comment: Commenters expressed appreciation for our recognition of these new categories of CPT codes. However, one commenter believed that we should refrain from categorically denying payment for category III (emerging technology) CPT codes, because these CPT codes may sometimes warrant payment. Another commenter believed that we were proposing not to pay for these codes at all. The commenter recommended that we clarify in the final rule that carriers may determine if payment should be made for a particular emerging technology code.

Response: We believe that these codes will serve a useful purpose. We regret that some commenters believed that the discussion in the proposed rule implied that these services should not be covered. We only intended to indicate that by publishing these codes we are not indicating that we would pay for these services in all instances. As the commenter indicates, coverage of emerging technologies and payment for these services is at the discretion of the carriers. We also want to clarify that our carriers will be able to incorporate these codes only after they are entered into our system during our regularly scheduled updates and not as soon as the AMA posts them on the CPT web site.

Result of Evaluation of Comments

We would like to clarify the intent of our proposal regarding emerging technology CPT codes. The emerging technology CPT codes will be published in the physician fee schedule with a status indicator of ''C'' to indicate that coverage and payment of these services is at the discretion of the carrier. The only exceptions will be for those emerging technology CPT codes that describe services for which Medicare has issued an NCD. In these situations, coverage will be based on the NCD, and we may establish national payment or may leave payment to the discretion of the carriers. It is also possible that an NCD or an established payment policy may foreclose coverage and/or payment for an emerging technology CPT code. In summary, we will finalize our proposal to allow both the CPT Performance Measure Codes (that is, codes with four digits followed by the letter ''F'') and Emerging Technology Codes (that is, codes with four digits followed by the letter ''T'') to be listed on Medicare bills and provide payment for the emerging technology codes as determined by the carrier.

F. Payment Policy for CPT Modifier 62 (Co-Surgery)

The CPT modifier code 62 is used to report the work of co-surgeons. Currently, if we pay for co-surgery, we pay a total of 125 percent of the fee schedule amount to the co-surgeons who each receive half of this total payment. In the August 2, 2001 proposed rule (66 FR 40383), we stated that we would be examining our payment policies for co-surgery to consider possible ways to ensure that they reflect current clinical practices and properly reflect the relative resources and work effort required to perform these services. We outlined several issues under consideration and specifically solicited information to assist us in deciding whether to make a future proposal affecting payments for co-surgery.

Result of Evaluation of Comments

Commenters responded to the specific questions in the proposed rule. Many commenters believe that the current payment policy is reasonable and that the focus should be on education efforts to ensure the appropriate use of the modifier. We will review carefully the information the commenters have provided. If we determine that we need to proceed with a change in payment policy for co-surgery, the change would be proposed as part of future rulemaking.

III. Implementation of Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000

The Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA) (Public Law 106–554), enacted on December 21, 2000, provides for revisions to policies applicable to the physician fee

schedule. These revisions are presented below.

A. Screening Mammography

Medicare has paid for screening mammography since January 1, 1991. Section 1834(c) of the Act governing these screenings did not include screening mammography under the physician fee schedule; it provided for payment under a separate statutory methodology. Section 104 of BIPA amends section 1848(j)(3) of the Act to include screening mammography as a physician's service for which payment is made under the physician fee schedule beginning January 1, 2002. In the August 2001 proposed rule, we proposed amending §§ 405.534 and 405.535 to reflect the inclusion of screening mammography as a physician's service which will be payable under the physician fee schedule. In addition, we proposed amending § 414.2 to include screening mammography under the definition for physicians' services. In accordance with part 414, payments for screening mammography will be resource-based and will have geographic adjustments that reflect cost differences among areas as do all other services under the physician fee schedule, including diagnostic mammography.

The following is a summary of the RVUs proposed for the professional and technical components (PC and TC) of a screening mammography, CPT code 76092, under the physician fee schedule.

Professional Component

A screening mammography service typically requires the same number of views as a unilateral diagnostic mammography. Therefore, for screening mammography, we proposed a physician work RVU of 0.70 based on the physician work established for a unilateral diagnostic mammography. This value is equal to the proposed work RVUs from the 5-year review of physician work for CPT code 76090, unilateral diagnostic mammogram (see June 8, 2001 proposed notice, ''Five-Year Review of Work Relative Value Units Under the Physician Fee Schedule''). Since we believe that the practice expense and malpractice expense for the professional component of screening mammography is similar to the professional component of unilateral diagnostic mammography, we proposed establishing 0.25 practice expense RVUs and 0.03 malpractice RVUs for the PC of screening mammography.

Technical Component

We proposed valuing the technical component of screening mammography using a methodology that updates the original statutory limit for the technical component of screening mammography of $37.40, by the cumulative increase in physician fee schedule rates between 1992 and 2001 (see the August 2, 2001 proposed rule (66 FR 40384) for specific information on methodology). This resulted in proposed practice expense and malpractice RVUs for the technical component of screening mammography of 1.27 and 0.06, respectively.

Overall, the total proposed RVUs associated with the combined PC and TC of CPT code 76092 were 2.31 (0.70 work RVUs, 1.52 practice expense RVUs, and 0.09 malpractice expense RVUs).

New Technology Mammography

The BIPA also required us to determine whether the assignment of new HCPCS codes is appropriate for both screening and diagnostic mammography performed using new digital technologies.

We determined that new HCPCS codes are appropriate for the new digital technology mammography beginning January 1, 2002. We proposed three separate codes for directly taking a digital image (one for screening and one each for unilateral and bilateral diagnostic). We also proposed a single add-on code for computer-aided diagnosis with conversion of standard film images to digital images, since, at the time of the development of the proposed rule, the FDA approved computer-aided diagnosis only for screening mammography. Following is a summary of our proposed coding and payment methodologies for digital mammography.

Screening Mammography, Direct Digital Image (Gxxx1)

We proposed HCPCS code Gxxx1 to report screening mammography performed using direct digital images as opposed to mammography that is performed using the standard film images associated with CPT code 76092, or conversion of a standard film image to a digital image. For the PC of HCPCS code Gxxx1, we proposed 0.70 work RVUs, 0.28 practice expense RVUs, and 0.03 malpractice expense RVUs. For the TC of HCPCS code Gxxx1, for which there is no physician work associated, we proposed 2.50 practice expense RVUs and 0.06 malpractice RVUs.

Diagnostic Mammography, Unilateral, Direct Digital Image (Gxxx2)

We proposed HCPCS code Gxxx2 to report unilateral diagnostic mammography performed using direct digital images as opposed to mammography performed using the standard film images associated with CPT code 76090, or conversion of a standard film image to a digital image.

For the professional component of HCPCS code Gxxx2, we proposed 0.70 work RVUs, 0.28 practice expense RVUs, and 0.03 malpractice expense RVUs. For the TC of HCPCS code Gxxx2, with which there is no physician work associated, we proposed 1.99 practice expense RVUs and 0.05 malpractice expense RVUs.

Diagnostic Mammography, Bilateral, Direct Digital Image (Gxxx3)

We proposed HCPCS code Gxxx3 to report bilateral diagnostic mammography that is performed using direct digital images as opposed to mammography performed using the standard film images associated with CPT code 76091, or conversion of a standard film image to a digital image.

For the PC of HCPCS code Gxxx3, we proposed 0.87 work RVUs, 0.34 practice expense RVUs, and 0.03 malpractice expense RVUs. For the TC of HCPCS code Gxxx3, with which there is no physician work associated, we proposed 2.47 practice expense RVUs and 0.06 malpractice expense RVUs.

Computer-Aided Detection, With Either Direct Digital Image or Conversion of Standard Film Images to Digital Images (HCPCS Code Gxxx4)

We proposed HCPCS code Gxxx4 to report conversion of standard film images to digital images when used in conjunction with computer-aided diagnosis software. This code was proposed as an add-on code that can be billed only in conjunction with the primary service, CPT code 76092, based on our understanding that the only FDA-approved use of the computer-aided diagnosis mammography software is with screening film images. If there are other FDA-approved uses of computer-aided diagnosis, we stated we would allow for use of Gxxx4 as an add-on to other mammography services.

For the PC of code Gxxx4, we proposed 0.06 work RVUs, 0.02 practice expense RVUs, and 0.01 malpractice expense RVUs. For the TC of HCPCS code Gxxx4, with which there is no physician work associated, we proposed 0.41 practice expense RVUs and 0.01 malpractice expense RVUs.

Since publication of the proposed rule, the FDA has also approved the use

of computer-aided diagnosis with diagnostic mammography.

Comment: The majority of comments received from manufacturers, specialty organizations, individuals, and representatives of the Congress were supportive of our proposed payment of mammography services beginning January 1, 2002. The general consensus from commenters was that the proposed 21 and 26 percent increase, respectively, in payments for unilateral and bilateral diagnostic mammography, as a result of the 5-year review of work (see section IV), the new resource-based payment for screening mammography, the new resource-based payments for both digital screening and digital diagnostic mammography, and the payments for computer-aided diagnosis reflect the relative resources associated with each individual service.

However, two commenters still believe that the 21 percent and 26 percent increase in payments for unilateral and bilateral diagnostic mammography, respectively, was still inadequate to cover the costs of these services.

Response: In agreement with the majority of comments received, we continue to believe that our proposed relative values are an accurate reflection of the resources associated with the provision of these services.

Comment: We received comments that suggested that Medicare payment is inadequate to cover the cost of screening mammography. One commenter stated that, due to the Federally-mandated Mammography Quality Standards Act (MQSA) requirements intrinsic to mammography (both screening and diagnostic), it is difficult to use the current methodology to account for all practice expenses. This commenter did indicate support for our proposal to develop practice expense RVUs for screening mammography using a comparison to unilateral diagnostic mammography.

Response: We are currently using the ''no work'' methodology to price the technical component of diagnostic mammography and a special method for the technical component of screening mammography. We believe that most costs associated with mammography services are likely to be associated with the technical component. At this time, we plan to continue using these methods to establish the practice expense relative value units for the technical component of mammography services. However, if we propose a change to the methodology for no-work services in the future, we agree that it is important to consider whether MQSA costs are incorporated in the data sources we are using to develop RVUs.

Comment: We received two comments that suggested Medicare should not pay for screening mammography using the physician fee schedule until payment is set at an appropriate level so as not to require reduction in payments for other services. The commenters were concerned about the reduction in payment for other services that would result from the increase in payment for screening mammography using the methodology we proposed. These commenters acknowledged that the statute requires us to pay for screening mammography using the physician fee schedule. One commenter appreciated the significant effort that CMS put forth to comply with the mandate.

Response: As indicated by the comments, section 104(a) of the BIPA requires us to pay for screening mammography using the Medicare physician fee schedule beginning January 1, 2002. We estimate that payment in 2002 for screening mammography under the statutory methodology would have been about $71, which is less than the $81 that Medicare will pay under the physician fee schedule. Since screening mammography is paid under the physician fee schedule, the increase in payment will be subject to the budget neutrality calculations under section 1848(c) of the Act. The increase in payment, although large, will have little effect on payment for other physician fee schedule services. The required adjustment to other physician fee schedule payments is less than −0.1 percent.

Comment: We received comments about coding for new technology screening mammograms. These comments indicated support for our proposed coding but noted that two developments have since occurred that we could not have taken into account in our proposed rule. First, CPT created a new code for computer-aided detection (CAD) as an add-on for screening mammography. Second, the Food and Drug Administration approved use of CAD for diagnostic mammography. The commenters requested that we use the CPT code for CAD as an add-on to screening mammography and create a slightly modified HCPCS alphanumeric code as an add-on for diagnostic mammography. The modification would specify that the alphanumeric code is to be used as an add-on for diagnostic mammography. Commenters also suggested that we accommodate potential future FDA approved uses of CAD as an add-on to digital mammography through necessary coding and payment changes as soon as possible without having to await the next rulemaking cycle.

Response: We agree with the comments about coding of CAD. Medicare will recognize CPT code 76085 for CAD as an add-on to screening mammography and procedure code G0236 as an add-on to diagnostic mammography. The code descriptors make clear that the CPT code is for use as an add-on to screening mammography and the alphanumeric code is an add-on to diagnostic mammography. Payment for the revised codes follows the proposed rule approach for physician work, practice expense and malpractice for all mammography services. There may be slight changes to the RVUs for practice expenses as a result of updated information included in this final rule that affect all physician fee schedule services.

In response to the comment about potential future FDA approved uses of CAD as add-on to digital mammography, it is possible that additional coding changes will be necessary or that editorial revisions to existing codes will allow for CAD to be paid as an add-on for digital mammography. We would like to coordinate our efforts with those of the CPT to minimize the need for alphanumeric codes and additional CPT codes.

Comment: One commenter expressed concern about the payment associated with the Outpatient Prospective Payment System for all forms of mammography.

Response: Any issues related to the Outpatient Prospective Payment System are outside the scope of this regulation and will be addressed by a separate regulation.

Comment: One commenter asked for clarification on Federally Qualified Health Centers (FQHC) reimbursement for screening mammography and other new services.

Response: Any issues related to FQHC reimbursement are outside the scope of this regulation.

Comment: One commenter expressed concern that CMS did not work more closely with the CPT codes in the establishment of coding for digital mammography.

Response: Whenever possible, CMS works with the American Medical Association's CPT Editorial Panel to establish coding for new technologies. The AMA CPT Editorial Panel has not established codes for digital mammography; therefore, CMS proactively established temporary G-codes for the digital mammography and

computer-aided detection for diagnostic mammograms.

Comment: One commenter indicated that the malpractice expense for screening mammography should be higher than the unilateral diagnostic value of 0.03 since most mammography malpractice claims arise from allegations of cancers not detected or inappropriate follow-up of screening mammograms, not diagnostic studies. In addition, the screening mammography malpractice apportionment should be reversed for the PC and TC portions as the malpractice expense and risk is primarily with the interpreter of the screening mammogram, not the facility producing the technical component.

Response: We will consider the malpractice RVUs for these services interim for 2002 and will examine this issue with respect to the methodology used to establish malpractice RVUs.

Result of Evaluation of Comments

We will finalize our proposed relative values, because we believe they are an accurate reflection of the cost associated with the provision of these services. Additionally, we will also establish a temporary G-code (G0236) for the recent FDA approval of computer-aided detection used in conjunction with diagnostic mammography.

TABLE 3.—2002 MAMMOGRAPHY PAYMENTS

CPT [1] HCPCS	MOD	Descriptor	Work RVU	Practice Expense RVU	Malpractice RVU	Total
76090		Mammogram, one breast	0.70	1.25	0.08	2.03
76090	26	Mammogram, one breast	0.70	0.25	0.03	0.98
76090	TC	Mammogram, one breast	0.00	1.00	0.05	1.05
76091		Mammogram, both breast	0.87	1.54	0.09	2.50
76091	26	Mammogram, both breast	0.87	0.30	0.03	1.20
76091	TC	Mammogram, both breast	0.00	1.24	0.06	1.30
76092		Mammogram, screening	0.70	1.44	0.09	2.23
76092	26	Mammogram, screening	0.70	0.25	0.03	0.98
76092	TC	Mammogram, screening	0.00	1.19	0.06	1.25
G0202		Mammogram, screen, dir dig	0.70	2.52	0.09	3.31
G0202	26	Mammogram, screen, dir dig	0.70	0.30	0.03	1.03
G0202	TC	Mammogram, screen, dir dig	0.00	2.42	0.06	2.48
G0204		Diag mammo, bilat, dir dig	0.87	2.73	0.09	3.69
G0204	26	Diag mammo, bilat, dir dig	0.87	0.35	0.03	1.25
G0204	TC	Diag mammo, bilat, dir dig	0.00	2.38	0.06	2.44
G0206		Diag mammo, unilat, dir dig	0.70	2.20	0.08	2.98
G0206	26	Diag mammo, unilat, dir dig	0.70	0.28	0.03	1.01
G0206	TC	Diag mammo, unilat, dir dig	0.00	1.92	0.05	1.97
G0236		Computer aided detect, diag	0.06	0.31	0.02	0.39
G0236	26	Computer aided detect, diag	0.06	0.02	0.01	0.09
G0236	TC	Computer aided detect, diag	0.00	0.29	0.01	0.30
76085		Computer aided detection	0.06	0.31	0.02	0.39
76085	26	Computer aided detection	0.06	0.02	0.01	0.09
76085	TC	Computer aided detection	0.00	0.29	0.01	0.30

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B. Screening Pelvic Examinations

Section 101 of the BIPA amends section 1861(nn)(2) of the Act (effective July 1, 2001) to provide that a woman who does not qualify for annual coverage of a screening pelvic examination under one of the statutory exceptions, qualifies for coverage of a screening pelvic examination (including a clinical breast examination) once every 2 years rather than once every 3 years.

In the August 2, 2001 proposed rule, we made conforming changes to § 410.56 (Screening Pelvic Examinations) of the regulations to reflect this statutory provision that has been implemented through sections 4603, 3628.1 and 4731 of the Medicare Carrier Manual, the Medicare Intermediary Manual, and the Medicare Hospital Manual, respectively.We received only one specific comment on the new screening pelvic examination proposal. That comment supported our proposed rule and recognized that the regulations are consistent with the Medicare law.

Result of Evaluation of Comments

We are adopting our proposal to conform the regulations to the law to provide coverage for biennial screening pelvic examination for women not at high risk for cervical or vaginal cancer, effective July 1, 2001.

C. Screening for Glaucoma

Section 102 of the BIPA provides for Medicare coverage under Part B for screening for glaucoma for individuals with diabetes, a family history of glaucoma, or others determined to be at ''high risk'' for glaucoma effective for services furnished on or after January 1, 2002. The statute provides for coverage of glaucoma screening, including (1) a dilated eye examination with an intraocular pressure measurement, and (2) a direct ophthalmoscopy or a slit-lamp biomicroscopic examination, subject to certain frequency and other limitations.

In the August 2, 2001 rule, we proposed a new § 410.23 (Screening for Glaucoma: Conditions for and Limitations on Coverage), to provide for coverage of the various types of glaucoma screening examinations specified in the statute. As provided in the statute, this new coverage allows payment for one glaucoma screening examination every year. To implement the statutory provisions, we proposed definitions for the following terms—screening for glaucoma, eligible beneficiaries, and direct supervision.

In keeping with the language of section 102(b) of the BIPA we proposed defining the term ''screening for glaucoma'' to mean a dilated eye examination with an intraocular pressure measurement and a direct ophthalmoscopy or a slit-lamp biomicroscopic examination for the

early detection of glaucoma. This section also provides that the screening examinations that are to be covered under Medicare are to be furnished by or under the direct supervision of an optometrist or ophthalmologist who is legally authorized to furnish these services under State law (or the State regulatory mechanism provided by State law) of the State in which the services are furnished. These are services that would otherwise be covered if furnished by a physician or as incident to a physician's professional service. We also proposed incorporating this language in § 410.23.

We used the term ''eligible beneficiaries'' to indicate who may qualify for the new screening glaucoma benefit, and we proposed defining that term to include—individuals with diabetes mellitus, individuals with a family history of glaucoma, and African-Americans age 50 and over. As explained in the August 2 proposed rule, based on our review of the medical literature, and consultation with staff of the National Eye Institute and representatives of the American Academy of Ophthalmology and the American Optometric Association, we interpreted the statutory language, ''individuals determined to be at high risk for glaucoma'' to include Medicare beneficiaries who are African-Americans age 50 and over.

We felt that the medical evidence available at this time was only sufficient to support inclusion of African-Americans age 50 and over in the statutory ''high risk'' category, in addition to individuals with diabetes and those with a family history of glaucoma who are covered separately under the new screening benefit. However, we specifically solicited public comment on the appropriateness of including other individuals in the statutory definition of ''high risk'' for glaucoma, with supporting documentation from medical literature.

Section 102(b) of the BIPA provides that the glaucoma screening examination is to be furnished by or under the direct supervision of an ophthalmologist or optometrist who is legally authorized to furnish such services under State law or regulation in which the services are furnished. We proposed defining the term ''direct supervision'' as that term is defined in § 410.32(b)(3)(ii) for purposes of the oversight of covered diagnostic laboratory services as they are performed in the office setting. Specifically, for purposes of screening glaucoma we proposed defining the term ''direct supervision'' to mean that the ophthalmologist or optometrist must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of the procedure. The definition states that the term ''direct supervision'' does not mean the physician must be present in the room when the procedure is performed.

We also proposed conforming changes to specify an exception to the list of examples of routine physical checkups excluded from coverage in §§ 411.15(a)(1) and 411.15(k)(9) for glaucoma screening examinations that meet the frequency limitation and the conditions for coverage that we are specifying under new § 410.23.

We received six comments that generally supported the proposal to implement section 102 of BIPA that provides for Medicare coverage of screening for glaucoma. Four of these comments were submitted by national medical associations, one was submitted by a pharmaceutical company, and another was provided by a consulting group. Only one commenter had a suggestion for revising the specific coverage provisions of the proposal.

Comment: One commenter responded to our invitation to the public in the proposed rule to submit comments on the question of whether it might be appropriate to include other individuals (and not just African-Americans over age 50) in the statutory definition of those at ''high risk'' for glaucoma. First, the commenter cites an article from the medical literature that notes that ''one of the clearest factors relating to increased glaucoma prevalence is age.'' (Gilchrist. Ophthalmic Physiol Opt 2000) Second, the commenter refers to other eye experts in the research of the epidemiology of glaucoma who have suggested that ''the appropriate age at which screening might be most effective is 6 to 10 years younger among those of African descent because of the earlier onset of disease.'' (Quigley and Vitale. Invest Ophthalmol Vis Sci 1997) Third, the commenter states that the latter conclusion is supported by data showing that in African-Americans who eventually develop glaucoma, the disease is present in 25 percent by age 54, 50 percent by age 65, and 75 percent by age 75. The commenter cites from the same Quigley article that comparable ages for these percentages of disease development in non-African-Americans are 64, 72, and 81 years, respectively. Finally, the commenter concludes that this literature supports a policy that would provide the glaucoma screening benefit for non-African Americans at an age 6 to 10 years older than for African-Americans (for example, 50 years of age), or beginning at age 56 to 60 years of age.

Response: We believe that the commenter has not interpreted the results of the Quigley and Vitale studies correctly. The article by Quigley and Vitale reported the results of a meta-analysis and statistical modeling to estimate the prevalence and incidence of glaucoma. In general, results from meta-analysis and remodeling are often limited by the quality and comparability of the original source data. In the proposed rule, we used data reported directly from the Baltimore Eye Study (Tielsch, et al. JAMA 1991) and the Beaver Dam Eye Study (Klein, et al. JAMA 1992), two of the largest published studies on glaucoma. These studies indicated that the prevalence of glaucoma in non-African-Americans starts to increase after the age of 65 to 70 years, whereas the prevalence increases much earlier in African-Americans. Our decision to include African-Americans in the statutory category of those at ''high risk'' for glaucoma was based on these studies and the increased prevalence of glaucoma in African-Americans.

Although we have decided not to add new populations to the definition of high risk at this time, the comment does raise the issue of how we should revise the definition in the future, if there is evidence to do so. We have decided to revise the proposed language in § 410.23(a)(2) so that it specifically refers to ''individuals in the following high risk categories'' to make it more consistent with the statute. This new structure for the regulation language will permit CMS to more easily add high risk groups to the glaucoma screening benefit through the rulemaking process should the evidence in the medical literature warrant it.

Payment for Glaucoma Screening

We believe that services provided as part of glaucoma screening will often overlap with services a physician provides during a patient encounter for ophthalmological services without requiring any additional work or practice expense. Therefore, we proposed bundling payment for glaucoma screening when it is provided on the same day as an evaluation and management (E/M) service or when it is provided as part of any ophthalmology service. In instances when glaucoma screening is the only service provided or when it is provided as part of an otherwise non-covered service (for example, CPT code 99397, preventive services visit,) we proposed the following HCPCS codes and payments:

Gxxx5, Glaucoma Screening Furnished by a Physician for High Risk Patients.

For physician work and for malpractice, we proposed work and malpractice RVUs of 0.45 and 0.02, respectively, by crosswalking these values from CPT code 99212. Gxxx6, Glaucoma Screening Furnished Under the Direct Supervision of a Physician for High Risk Patients.

For physician work and for malpractice, we believe this new HCPCS code represents a level of work comparable to other E/M services performed ''incident to'' a physician's service and therefore proposed to crosswalk the work and malpractice RVUs from CPT code 99211 (E/M service that may not require the presence of a physician) which are 0.17 and 0.01, respectively.

For non-facility settings, we proposed the following practice expense inputs for both of the above HCPCS Codes—clinical staff time-certified ophthalmic medical technologist/certified ophthalmic technician/registered nurse: five minutes; equipment: screening lane; and supplies: ophthalmology visit supply package.

Comment: We received a comment from the American Academy of Ophthalmology (AAO) agreeing with our decision to bundle glaucoma screening with other E/M services and with our decision to create two levels of glaucoma screening services based on whether or not the physician performed the evaluation. The AAO also agreed with our proposal regarding RVUs for glaucoma screening performed ''incident to'' but commented that the level of payment for glaucoma screening performed by a physician was too low. They believe that payment rate should be a blend between CPT codes 99202 (Office or other outpatient visit for evaluation and management of a new patient) and 99213 (Office or other outpatient visit for evaluation and management of an established patient). This is based on the expectation that some patients receiving the service will be ''new'' patients to the ophthalmologist while others will have previously seen the ophthalmologist and therefore be ''established'' patients.

The AAO proposes that for 2002, payment be equivalent to CPT code 99202 for both physician work and practice expense, that for 2003, payment be equivalent to a 4.4 percent/95.6 percent blend of CPT codes 99202 and 99213 for both physician work and practice expense, that for 2004, payment be equivalent to a blend of 4.5 percent/95.5 percent blend of CPT codes 99202/99213, and that for 2005 and thereafter, payment be equivalent to a blend of 4.6 percent/95.4 percent of CPT codes 99202/99213. The AAO believes that the amount of history, physical examination, and medical decision making required for glaucoma screening approximates the amount of history, physical examination and medical decision making required for CPT code 99202 at the time of the first glaucoma screening and approximates the amount of history, physical examination, and medical decision making required for 99213 at the time of subsequent glaucoma screenings.

The American Optometric Association (AOA) echoed the AAO's comments concerning the crosswalk for physician work. They also noted that the practice expense inputs should be crosswalked to the intermediate ophthalmologic codes.

Response: We are finalizing our proposal to assign 0.45 work RVUs and .02 malpractice RVUs to Gxxx5, glaucoma screening performed by a physician (now G0117). This service is a screening service and therefore cannot be easily compared to the key components of a level III evaluation and management service (CPT code 99213). We also believe that the vast majority of beneficiaries receiving this service will be patients who have been previously seen by the ophthalmologist performing the service and, therefore, CPT code 99202 would not be an appropriate crosswalk for this service. We believe the work required for this service is similar whether or not the patient is ''new'' or ''established''. Patients undergoing a screening service have no chief complaint or history of present illness. To perform this service, the only historical information required is a determination as to whether the beneficiary meets the criteria in the law, (for example, is at high risk for glaucoma). Therefore, the requirements for taking a history are actually less than the requirements of CPT code 99212. Additionally, the physical examination requirements are specified in the statute and are similar to the requirements of CPT code 99212. Furthermore, the vast majority of patients undergoing screening will not have glaucoma, so the typical screening service will require routine medical decision making. For those few patients with glaucoma who will need to schedule a return visit, the medical decision making is straightforward. Therefore, the glaucoma screening requirements are similar to CPT code 99212. Our decision to assign 0.45 work RVUs to this service is also consistent with the time required to perform the service and places it in correct rank order with regard to other screening services payable under Medicare. We have decided to accept the recommendation of AOA on practice expense inputs and will crosswalk the inputs from CPT code 92012, brief ophthalmic exam performed on an established patient, rather than using the practice expense inputs from CPT codes 99202 and 99213 as suggested by AAO.

Because we received no comments on the RVUs for the Gxxx6 code, Glaucoma Screening Furnished Under the Direct Supervision of a Physician for High Risk Patients (now G0118), we will implement this as proposed and will assign .17 work RVUs and .01 malpractice RVUs. For practice expense, we will also crosswalk this code to CPT 92012.

Comment: Several commenters noted that medical technicians do not have the education or training to provide screening glaucoma services. One commenter noted that ophthalmic medical personnel (OMP) are not licensed by State regulatory agencies and are precluded from ordering medications, including eyedrops. The commenter states that, according to the Joint Commission on Allied Health Personnel in Ophthalmology and the Association of Technical Personnel in Ophthalmology, OMPs cannot be independent practitioners, cannot diagnose or treat eye disorders and cannot prescribe medications. Since a dilated eye exam requires medication, the OMP cannot perform the exam without the patient first being seen by an ophthalmologist or optometrist.

Response: The regulation is drafted based on the statutory provision; however, it does not supersede any State laws or licensing requirements.

Result of Evaluation of Comments

We are adopting our proposal to include only African-Americans age 50 and over in the statutory category of those at ''high risk'' for glaucoma. We are revising the regulation in § 410.23(a)(2) to read ''Eligible beneficiary means individuals in the following high risk categories.'' This should allow CMS to more easily add high risk groups by rulemaking should the medical evidence warrant it.

For G0117 Glaucoma Screening for High Risk Patients Furnished by an Optometrist or Ophthalmologist—we will assign 0.45 work RVUs, .02 malpractice RVUs and we will crosswalk practice expense inputs from CPT code 92012.

For G0118 Glaucoma Screening for High Risk Patients Furnished Under the Direct Supervision of an Optometrist or Ophthalmologist—we will assign .17 work RVUs and .01 malpractice RVUs.

For practice expense we will also crosswalk this code to CPT code 92012.

D. Screening Colonoscopy

Before the enactment of the BIPA, sections 1861(pp)(1)(C) and 1834(d)(3)(E) of the Act authorized Medicare coverage of screening colonoscopies once every 2 years for individuals at high risk for colorectal cancer. Individuals not at high risk for colorectal cancer did not qualify for coverage of screening colonoscopies under the colorectal cancer screening benefit, but they did qualify for coverage of other colorectal cancer screening examinations specified in the statute. These other examinations that were covered for individuals not at high risk for colorectal cancer included screening fecal-occult blood tests, screening flexible sigmoidoscopies, and screening barium enema examinations at certain frequency intervals specified in the statute and the regulations at § 410.37 (Colorectal cancer screening tests).

Section 103 of the BIPA amended sections 1861(pp)(1)(C), 1834(d)(2)(E)(ii), and 1834(d)(3)(F) of the Act to add coverage of screening colonoscopies once every 10 years for individuals not at high risk for colorectal cancer. However, in the case of an individual who is not at high risk for colorectal cancer, but who has had a screening flexible sigmoidoscopy within the last 4 years, the statute provides that payment may be made for a screening colonoscopy only after at least 47 months have passed following the month in which the last screening flexible sigmoidoscopy was performed. In addition, the statute provides that, in the case of an individual who is not at high risk for colorectal cancer but who does have a screening colonoscopy performed on or after July 1, 2001, payment may be made for a screening flexible sigmoidoscopy only after at least 119 months have passed following the month in which the last screening colonoscopy was performed.

In view of the statutory changes, we are conforming §§ 410.37(e) and 410.37(g) (related to limitations on coverage of screening colonoscopies and screening flexible sigmoidoscopies) to make them consistent with the new provisions of the statute that have been implemented through manual provisions of the Medicare Carriers Manual, the Medicare Intermediary Manual Part III, and the Medicare Hospital Manual in transmittal numbers 6097, 1824, and 7069, respectively, in February 2001.

Payment for Screening Colonoscopy

Payment for screening colonoscopy will be made under HCPCS code G0121: colorectal screening; colonoscopy for an individual not meeting criteria for high risk. As with current code G0105, screening colonoscopy for an individual at high risk, payment will be made at the level for a diagnostic colonoscopy, CPT code 45378, because the work is the same whether a procedure is screening or diagnostic. As the statute requires that, for both individuals who are or are not at high risk, if, during the course of the screening colonoscopy, a lesion or growth is detected that results in a biopsy or removal of the growth, the appropriate diagnostic procedure classified as colonoscopy with biopsy or removal should be billed and paid rather than HCPCS code G0105 or G0121.

We received four comments in support of the proposal to conform the regulations to the Medicare law implementing the new screening colonoscopy provision (section 103 of the BIPA) for individuals not at high risk for colorectal cancer. One of the commenters, however, did have a suggestion for how we could improve the manual instructions that we issue to our carriers on this subject.

Comment: The commenter suggests that we instruct our Medicare carriers to identify which International Classification of Diseases—Volume Nine (ICD–9) codes are acceptable to use in conjunction with the interim GO121 code that has been proposed for billing for covered screening colonoscopies performed for individuals not at high risk for colorectal cancer. The commenter stated that our failure to do this for screening flexible sigmoidoscopy code G0104 in the billing instructions we issued to our carriers in 1998 created problems for everyone concerned because individual carriers adopted a variety of acceptable ICD–9 codes, but did not inform the public under what circumstances the examinations were covered and when they were not.

Response: We are not aware of the problems stated above with respect to the Medicare billing codes for screening flexible sigmoidoscopies in 1998. In addition, we have not received any complaints about the new billing instructions that we released to our carriers in February of this year in conjunction with the interim G0121 code that was issued (effective July 1, 2001) for use in billing for screening colonoscopies for individuals not at high risk for colorectal cancer. Since individuals who might qualify for coverage under this new screening benefit are those who would not be at ''high risk'' for colorectal cancer, it is not clear to us why the physician billing for the service would need to provide any ICD–9 code for the examination to the carrier for Medicare payment to be made. We do not require that such information be submitted to the carrier at the present time in these circumstances.

Result of Evaluation of Comments

We are implementing our proposal as stated above. In view of the comment, we will review the matter, and we will take any necessary action that might be deemed appropriate.

E. Medical Nutrition Therapy

Section 105 of the BIPA amended section 1861(s)(2) of the Act to authorize Medicare Part B coverage of medical nutrition therapy (MNT) for certain beneficiaries who have diabetes or a renal disease, effective for services furnished on or after January 1, 2002. This new benefit is similar to a benefit initially established by section 4105 of the BBA as a component of the diabetes outpatient self-management training (DSMT) benefit. The DSMT benefit, described at section 1861(qq) of the Act, is a comprehensive diabetes training program, of which nutrition training is only one component.

Consistent with section 105(a)(3) of the BIPA, we considered the protocols of the American Dietetic Association (ADA) and the National Kidney Foundation (NKF) regarding medical nutrition therapy training for both diabetes and renal disease in order to establish criteria for coverage of these services. Because the protocols were inconclusive with respect to duration and frequency issues, we proposed to determine the duration and frequency of the benefit through the NCD process rather than through the rulemaking process.

We proposed to set forth the provisions regarding medical nutrition therapy at Part 410, subpart G and at § 414.64. The MNT provisions of the final rule follow.

Definitions (§ 410.130)

We defined ''renal disease'' for the purpose of this benefit as only chronic renal insufficiency and post-transplant care provided after discharge from the hospital. We proposed to limit post-transplant care to care furnished within 6 months after discharge from the hospital, if the transplant is viable and effective, because, under such conditions, we believe the beneficiary would no longer have renal disease and

would not be eligible to receive the benefit under the statutory provision. We specifically solicited comments on this proposed time period, and requested that the commenters support their comments with articles from medical journals. We also established definitions of ''diabetes'', ''renal disease'', and ''chronic renal insufficiency'' for the purpose of this benefit using definitions from the Institute of Medicine report, ''The Role of Nutrition in Maintaining Health in the Nation's Elderly,'' published in 2000.

We proposed defining ''episode of care'' as a time period not to exceed 12 months, starting with the assessment (based on a referral from a physician), and including all covered interventions. Finally, in accordance with the statute, we defined MNT services as nutritional diagnostic, therapy, and counseling services provided by a registered dietitian or nutrition professional for the purpose of managing disease.

Medical Nutrition Therapy (§ 410.132)

At § 410.132(a), we proposed the conditions for coverage of MNT services. Specifically, we proposed that Medicare Part B pay for MNT services furnished by a registered dietitian or nutrition professional as defined in § 410.134 when the beneficiary is referred for the service by the beneficiary's treating physician. We proposed to limit the definition of physician to ''treating physician'' to ensure that the physician establishing the need for MNT is actually treating the beneficiary for a covered chronic disease and that the therapy is coordinated with the care being provided by the treating physician.

We proposed that the services covered consist of nutritional assessment, interventions, reassessment, and follow-up interventions. We chose not to define the specific components of the benefit in more detail because we anticipated that registered dietitians and nutritionists would use nationally recognized protocols, such as those developed by the ADA, as they normally would in their practice. As previously mentioned, we also proposed to use the NCD process to develop duration and frequency limits.

At § 410.132(b), we set forth the coverage limitations for MNT services. In accordance with section 1861(s)(2)(V)(ii) of the Act, we provided that MNT services would not be covered for beneficiaries on dialysis for end-stage renal disease. We did not exclude all beneficiaries who are diagnosed with end-stage renal disease because a few individuals with end-stage renal disease do not receive maintenance dialysis, and the statute specifically excludes beneficiaries receiving maintenance dialysis under section 1881 of the Act. The other provisions of this section outlined the coordination of referrals for MNT for diabetes and renal disease, and coordination of MNT and DSMT services.

Eligibility for MNT services will be dependent upon diagnoses and referrals made by the treating physician. At § 410.132(c), we proposed that referral only be made by the treating physician when the beneficiary has been diagnosed with diabetes or a renal disease, with documentation maintained by the referring physician in the beneficiary's medical record. Referrals must be made for each episode of care.

At § 410.132(d), we discussed requirements regarding reassessment and follow-up interventions. Specifically, we proposed that reassessments and follow-up interventions would only be covered when the referring physician determined that there was a change of diagnosis or medical condition within an episode of care that made a change in diet necessary.

Provider Qualifications (§ 410.134)

The BIPA specifies how we must define ''registered dietitian or nutrition professional'' for the purposes of this benefit, and allows for the grandfathering of nutrition professionals licensed or certified by States at the time of its enactment. The proposed qualifications for a registered dietitian or nutrition professional are set forth at § 410.134, and include alternative criteria for recognition of registered dietitians in States that do not provide for licensure or certification of these individuals.

We received nearly 1,000 comments on the MNT portion of the proposed rule. The most frequently received comments concerned: the definitions of diabetes, renal disease, and treating physician; the coordination of the diabetes self-management training and MNT benefits; and proposed reimbursement. We also received comments about provider qualifications.

Comment: We received a large number of comments that stated we had defined diabetes and renal disease too narrowly and asked for further clarification of the definitions.

Response: Our definition of diabetes does not specifically state how physicians should perform lab tests to determine if a beneficiary should be diagnosed with diabetes. However, as with the national protocols for medical nutrition therapy, we assume that physicians will conduct tests in accordance with nationally accepted clinical guidelines, which require testing on multiple occasions to determine a diagnosis of diabetes. We are clarifying our definition of diabetes by adding a sentence to further explain the etiology of the disease. We also have extended coverage to include gestational diabetes for the few Medicare beneficiaries who would need such coverage. We believe that we do not have the statutory authority to extend coverage to beneficiaries who have not yet been diagnosed with diabetes.

We also expand the definition of renal disease in this final rule. First, we clarify that beneficiaries with end-stage renal disease who are not receiving dialysis are eligible for the service. In addition, we have expanded the time period in which we will cover MNT for beneficiaries who have received a renal transplant to 36 months, to bring the coverage into conformance with the Medicare eligibility period for individuals under age 65.

Comment: A few commenters requested that we change our definition for renal disease to encompass all patients with glomerular filtration rates (GFR) below 60. The GFR is the measurement of renal function and has a range in normal adult males of 98 to 150 ml/min/1.7m^2 and in normal adult females of 106 to 132 ml/min/1.7^2. The commenters believe that we did not fulfill the intent of the Congress.

Response: We disagree with the comment. Neither the BIPA nor its legislative history indicates any specific intention regarding how to define renal disease for purposes of eligibility for this benefit. Section 4108 of the BBA required the Department of Health and Human Services to contract with the National Academy of Sciences (NAS) to examine the benefits and costs associated with extending Medicare coverage for certain services, including medical nutrition therapy. We believe the NAS Institute of Medicine (IOM) report, ''The Role of Nutrition in Maintaining Health in the Nation's Elderly,'' published in 2000, provides a reasonable definition for determining the scope of the benefit. In that report, ''renal disease'' is defined as chronic renal insufficiency, end-stage renal disease, and the beneficiary's condition following renal transplant. The GFR rate for chronic renal insufficiency (GFR of 13 to 50 ml/min/1.73m^2) used in the proposed rule was also in the IOM report.

The IOM report did not cover the period of time MNT should be available to beneficiaries following a renal

transplant. The Congress has authorized us to provide a reasonable interpretation of how much coverage will be provided for beneficiaries after renal transplant.

The suggested eligibility criterion of a GFR under 60 suggested by commentators appears to be too expansive, because typically the GFR for beneficiaries after they receive a transplant never goes above 60. We also received comments recommending that we match our coverage to the length of time an under-65 beneficiary is entitled to post-transplant coverage. We agree that this is a reasonable criterion for our coverage of MNT services for post-renal-transplant beneficiaries.

Comment: We received a large number of comments expressing concern about our use of the term ''treating physician''. Most commenters believe that the term does not include both primary care physicians and specialists. One commenter believes we exceeded our statutory authority. Also, some commenters believe that we should allow any physician to provide a referral for the service.

Response: We did not intend to exclude primary care physicians from the term ''treating physician''. In this final rule, we now define the term ''treating physician'' to mean the primary care physician or specialist coordinating care for the beneficiary with diabetes or renal disease.

Regarding our statutory authority, the statute, as amended at section 1861(s)(2)(V)(iii) of the Act, clearly states that the Secretary has authority to impose other criteria, after considering protocols established by dietetic or nutrition professional organizations. Requiring referral by the treating physician is within this statutory authority. We continue to believe that we must assure the quality of services received by Medicare beneficiaries. Therefore, our coverage guidelines must require coordination of care for beneficiaries with chronic diseases in order to assure that quality. We have not changed the final rule to allow any physician to make the referral for MNT.

Comment: We also received comments concerning the definition of the benefit and episode of care.

Response: As stated in the proposed rule, we relied on the national dietetic therapy protocols of major organizations to define the basic benefit. In seeking to understand the reason for these comments, we discovered that the use of the term ''reassessment and follow-up interventions'' in §§ 410.132(a) and (d) was confusing to many commenters. In the national protocols, reassessments and follow-up interventions are always considered part of the basic service. In the proposed rule, we had used the terms to define a special circumstance that happens only when a beneficiary has a change in medical condition or diagnosis.

In this final rule, we clarify our policy by eliminating the use of the terms ''reassessment'' and ''follow-up interventions''. We also have changed the language slightly in several other parts of the final rule to help clarify our intent, such as adding, ''treatment regimen'' as another reason why we would allow additional coverage in special circumstances. Our definition of ''episode of care'' (except in the case of coordination of services with initial DSMT and gestational diabetes) is based on our intent to pay providers of the service more efficiently by conforming the definition to our claims processing requirements. Our intent continues to be that dietitians and nutritionists should follow national MNT protocols.

Comment: Some commenters stated that the DSMT and MNT benefits for beneficiaries with diabetes should only be coordinated to the extent of reducing the total of number of MNT hours by one hour.

Response: In the proposed rule, we assumed that all of the MNT benefit for diabetes would be provided as part of the initial DSMT benefit and that follow-up DSMT and MNT for diabetes should be fully coordinated. In our discussions with interested organizations concerning the amount of services that should be covered for the NCD process, great concern was expressed about the coordination of the DSMT and MNT benefits. Therefore, we have spent a great deal of time researching this issue. We have found no evidence to date to suggest that the language of the proposed rule should be changed for this requirement. However, because we are still developing our NCD concerning the duration and frequency of the MNT benefit, we will continue to consider any evidence that might lead to the conclusion that additional hours should be covered when both benefits are provided during the same time period.

Until such time as an NCD alters this requirement, if initial DSMT and MNT benefits for diabetes are provided in the same 12 month episode of care, only 10 total hours of services will be covered, regardless of whether the hours are covered as MNT, DSMT, or a combination of both. In situations where follow-up DSMT and MNT for diabetes is provided, only the total amount of hours allowed under the MNT benefit will be covered. (The MNT cap will be applied to any DSMT services provided to a beneficiary during the follow-up period, until such time as an NCD alters this requirement.)

Comment: We received comments that MNT for a diagnosis of renal disease and MNT for a diagnosis of diabetes should not be fully coordinated.

Response: In this final rule, we are not changing this requirement because the provision at § 410.132(d) (in this final rule § 410.132(b)(5)) already provides for additional coverage in this situation and we believe that additional coverage is not necessary. However, we are clarifying that beneficiaries receiving initial DSMT can receive the full initial DSMT benefit.

Comment: One commenter was concerned that providers that had completed a full course of study of dietetics or nutrition after completion of a bachelor's degree would be excluded. We also received comments asking us to clarify the requirements further.

Response: We agree that individuals that complete the full course of study of an accredited dietetics or nutrition program after completion of a bachelor's degree would still meet the intent of the legislation. Therefore, we have altered the regulatory language to include these individuals. However, we will require our contractors to require the practitioner to provide proof of completion of the course of study in addition to proof of receiving the degree.

In situations where the individual is credentialed as a registered dietitian by an organization appropriate for this purpose, we will recognize that credential as proof that the individual meets both the education and experience required in the regulation. We have added language at §§ 410.134(a) and (d) to change the final rule.

Comment: A commenter noted that State licensure requirements vary considerably; providers will need to obtain multiple licenses when they perform services in more than one State; and providers will have to meet different requirements if State licensure provisions change.

Response: The statutory intent to recognize State licensure and State licensure requirements is clear. We cannot require States to have similar licensure requirements, recognize licensure by other States, or to provide for grandfathering of providers when State licensure laws change. Therefore, we have not changed the final rule to reflect these comments.

Payment for Medical Nutrition Therapy (§ 414.64)

Section 105(c) of the BIPA requires that we pay for medical nutrition therapy services at 80 percent of the lesser of the actual charge for the services or 85 percent of the amount determined under the physician fee schedule for the same services if the services had been furnished by a physician. Based upon consultation with the American Dietetic Association (ADA) to assess the types of resource inputs used to furnish a 15-minute medical nutrition therapy session by a registered dietitian or professional nutritionist, we proposed the following:

For CPT code 97802—Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes, we did not propose physician work RVUs for this service, based on the statutory provision that specifically provides that medical nutrition therapy services may only be furnished by registered dietitians or nutrition professionals. For practice expense, we proposed 0.47 RVUs and, for malpractice, we proposed 0.01 RVUs for a total of 0.48 RVUs.

For CPT code 97803—Reassessments and intervention, individual, face-to-face with the patient, each 15 minutes, we proposed 0.0 work RVUs, 0.34 practice expense RVUs and 0.01 malpractice RVUs for a total of 0.35 RVUs.

For CPT code 97804—Group, 2 or more individuals, each 30 minutes, we proposed 0.0 work RVUs, 0.14 practice expense RVUs and 0.01 malpractice RVUs for a total of 0.15 RVUs. To determine payment, the RVUs shown above would need to be multiplied by the physician fee schedule conversion factor and 0.85 (to reflect the statutory requirement that payment be 85 percent of the amount determined under the physician fee schedule).

We also stated that, consistent with the definition in the CPT's Physical Medicine Rehabilitation codes, a group is considered to be 2 or more individuals and that Medicare co-payments and deductibles would apply for medical nutritional therapy services.

Comment: The American Dietetic Association (ADA) and many individuals submitted comments concerning the proposed reimbursement rate for medical nutrition therapy services. They stated that the proposed reimbursement rate for these services is too low and would result in limited beneficiary access to these services since private practice dietitians will choose not to participate. Some commenters referenced reimbursement rates currently paid by private insurers of $85 to $125 for 1 to 1½ hours for an initial visit and $85 per hour for follow-up. They believe that the proposed rate for Medicare is far short of what was envisioned by the Congress. Commenters indicated that the statute clearly states that medical nutrition therapy payment should be 80 percent of the lesser of the actual charge or 85 percent of the amount determined under the physician fee schedule for the same service, provided by a physician. According to commenters, physicians who are also registered dietitians, use E/M codes 99213 through 99215 and 99244 when providing medical nutrition therapy services. The commenters stated that E/M codes 99203 through 99205 are appropriate reference points for determining medical nutrition therapy payment. The commenters also stated that any refinement of medical nutrition therapy values should be based on the underlying E/M codes that they believe are the statutory basis for medical nutrition therapy payment. While commenters acknowledge that physicians may perform other tasks besides nutritional assessment, therapy and counseling during an office visit, they believe those additional services are the basis for the Congress' instruction to reimburse non-physician providers of medical nutrition therapy at 85 percent of the amount physicians receive. The AMA's Health Care Professionals Advisory Committee (HCPAC) submitted a comment that suggested there should be physician work for medical nutrition therapy. This group provides recommendations on valuing services for codes used by non-physician providers. The HCPAC indicated that it evaluated each of the medical nutrition therapy codes and compared them to services that are available to other providers but not nutritionists (for example, physical therapy services). The comment further stated that the 15 percent reduction should not apply because the HCPAC took this into account when developing the recommendations. The HCPAC further added that there should be work values for medical nutrition therapy just as there are for physical and occupational therapy.

Response: We have reviewed the statute and legislative history. There is no indication that Congress envisioned a particular payment amount or expected us to use an E/M service to determine the value of medical nutrition therapy. Section 105(c) of the BIPA states that ''the amount paid shall be 80 percent of the lesser of the actual charge for the services or 85 percent of the amount determined under the fee schedule established under section 1848(b) of the Act for the same services if furnished by a physician.'' The BIPA Conference Report indicates that payment will equal ''the lesser of the actual charge for the service or 85 percent of the amount that would be paid under the physician fee schedule if such services were provided by a physician.'' The statute and Conference Report direct us to establish the physician fee schedule amount for nutrition therapy services. The Medicare allowed charge would equal 100 percent of the physician fee schedule amount if the services are performed by a physician and 85 percent of the physician fee schedule amount if the services are performed by a registered dietitian or nutrition professional. The commenters suggest that physicians currently bill for an E/M service when they provide nutrition services. We do not believe that it is appropriate to compare medical nutrition therapy provided by a registered dietitian to an E/M service provided by a physician. Registered dietitians do not take medical histories, they are not trained to and do not perform physical examinations, nor do they make medical decisions. Furthermore, when physicians use an E/M code to report the provision of counseling or coordination of care, they typically have also performed a medical history, physical examination, and engaged in medical decision making as part of that service. If such an individual performed a service that met the requirements of an E/M service, then it would be be appropriate for him or her to report an E/M service. Further, we note that the E/M services include not only an amount attributable to physician work, but also payment for physician practice expenses. For instance, a level 3 new patient office visit (CPT code 99203) includes payment for 50 minutes of nurse time. A level 3 established patient office visit (CPT code 99213) includes 36 minutes of nurse time. Both of these codes include additional compensation for medical equipment and supplies that are typically used in an office visit but are not used as part of a medical nutrition therapy service. If we were to adopt the commenters' view and crosswalk values for medical nutrition therapy to an E/M service, we would be including payment not only for the counseling service of the practitioner, but also, inappropriately for the costs of clinical personnel that are not involved in the nutrition therapy service.

Commenters indicated that the statute established the 85 percent adjustment to account for activities that are typically performed by a physician during an E/M service are not performed by a nutritionist. The statute and legislative history do not indicate that the 85 percent adjustment is intended to serve this purpose. In fact, the commenters themselves note that ''consistent with other non-physician providers, reimbursement is set at a percentage of the physician's fee schedule.'' Under the physician fee schedule, we will pay a physician 80 percent of 100 percent of the physician fee schedule amount, and, if a non-physician practitioner provides an identical service, Medicare pays 80 percent of 85 percent of the physician fee schedule amount. For instance, under CPT code 99213, a level 3 established patient office visit is one of the most common services provided by physicians, physician assistants and nurse practitioners. Even though the service is considered to be identical, we can by law pay a physician assistant and nurse practitioner only 85 percent of what we pay a physician to do the same service. Thus, in the case of other practitioners, the percentage does not reflect that a non-physician practitioner provides fewer services than a physician. Because there is no indication in the statute that the 85 percent adjustment should apply differently in the context of medical nutrition therapy than for other services performed by non-physician practitioners, we believe it is appropriate to pay 80 percent of 100 percent of the physician fee schedule amount when medical nutrition therapy is provided by a physician and 80 percent of 85 percent of the physician fee schedule amount when the service is provided by a registered dietitian or nutrition professional.

In response to the comment about payment rates of private insurers for medical nutrition therapy, we cannot use such information in a relative value system to establish payment. Section 1848(c) of the Act requires us to establish RVUs that recognize the relative resources involved in furnishing different physician fee schedule services. Thus, our role is to establish the appropriate relative payment amounts. The total payment amount is determined under a formula prescribed in section 1848(d) of the Act. We have no authority to change the formula.

In response to the HCPAC recommendation, we reiterate that it is inappropriate to compare medical nutrition therapy services to E/M services performed by physicians. While medical nutrition therapy may be performed by a physician who is also a registered dietitian, this does not make it a physician's service that requires a work RVU. Physicians may occasionally perform other services that have no physician work, such as chemotherapy administration or the technical component of a diagnostic x-ray test. When such services with no physician work are performed by a physician, we do not establish a physician work RVU just because the service was performed by a physician in that instance. Physicians will occasionally meet the statutory qualifications to be considered a registered dietitian or nutrition professional who can bill Medicare for medical nutrition therapy services. In these circumstances, we will pay the physician 80 percent of 100 percent of the physician fee schedule amount. In this unusual circumstance, we are paying for a medical nutrition therapy service provided by a physician under section 1861(s)(2)(V) and not a physician's service under section 1861(s)(1) of the Act.

Comment: One comment indicated that the 85 percent adjustment should not apply because the RVUs we used are not based on physician work or physician practice expenses to deliver the service. This commenter indicated that we proposed an inadequate payment by not following the statutory scheme and proceeded to apply a 15 percent discount that is neither fair nor reasonable.

Response: The statute requires us to establish a physician fee schedule amount for the service and pay 80 percent of 100 percent of the amount if the service is provided by a physician and 80 percent of 85 percent if the service is provided by a registered dietitian or nutrition professional. We initially anticipated that physicians would never bill Medicare for medical nutrition therapy services because they generally would not meet the statutory requirements to be considered registered dietitians or nutrition professionals. In this circumstance, we agree that it seems unusual to apply a reduction for a service that seldom would be furnished by a physician. However, we believe that the statute requires that Medicare payment be based on the 85 percent level. We understand that, although not common, there are physicians who do meet the statutory requirements to be considered registered dietitians or nutrition professionals. In these circumstances, our payment to the physician will be based on 100 percent of the physician fee schedule amount, not the 85 percent that we will pay to a registered dietitian or nutrition professional. We believe the statute would not allow a physician who does not meet the statutory requirements for a registered dietitian or nutrition professional to be paid for a medical nutrition therapy service. If a physician provides medical nutrition counseling as part of a patient encounter that meets the requirements for an E/M service, the physician can bill Medicare for a physician's service.

Comment: We received one comment requesting that we clarify that Medicare will pay qualified providers in private practice settings or physician offices where they may be independent contractors. The commenter also asked how we intend to pay for medical nutrition therapy in the hospital outpatient department. The commenter also asked for clarification on reassignment of payment if a registered dietitian is an employee of physicians or hospital outpatient facilities.

Response: Medicare will pay qualified dietitians and nutrition professionals who enroll in the Medicare program regardless of whether they provide medical nutrition therapy services in an independent practice setting, hospital outpatient department or any other setting, with the exception of services provided to patients in an inpatient stay in a hospital or skilled nursing facility. In these circumstances, our payment to the hospital or skilled nursing facility includes payment for medical nutrition therapy. If a qualified practitioner provides medical nutrition therapy in any other setting, including a private practice setting, section 1833(a)(1)(T) of the Act requires that Medicare payment equal 80 percent of the lesser of actual charges or 80 percent of 85 percent of the amount determined under the physician fee schedule. Payment in the hospital outpatient department will be made under the physician fee schedule, not under the hospital outpatient prospective payment system.

Current rules regarding reassignment of benefits would apply to medical nutrition therapy. We want to emphasize that medical nutrition therapy cannot be provided incident to a physician's service unless the physician also meets the qualifications to bill Medicare as a registered dietitian or nutrition professional.

Comment: Commenters objected to the methodology used to establish the proposed RVUs for this service. They believe it is inappropriate to use the top-down or no-work pool methodology to determine medical nutrition therapy payment. They believe that medical nutrition therapy payment should not be based on comparison to a preventive medicine code (CPT code 99401) in the zero-work pool methodology. The

commenters indicated that preventive medicine services omit the problem-oriented components of the comprehensive history, as well as other essential assessment points, such as the patient's chief complaint and history of present illness. They disagree with our assertion in the proposed rule that physicians do not perform nutrition services and assert that it is inappropriate to use the top-down or zero-work methodology to establish the RVU for medical nutrition therapy.

Response: We use the top-down methodology or no-work pool methodology to price the practice expense RVUs for all services priced under the Medicare physician fee schedule. Given that the statute indicates that medical nutrition therapy should be paid using the physician fee schedule, we believe it is reasonable and appropriate to use the same methodologies that we use to develop RVUs for other physician fee schedule services. With respect to use of the preventive medicine service, we used a service that we felt had similar practice expenses to medical nutrition therapy. It is not clear why practice expenses for a counseling service would differ based on the health status of the patient.

Comment: A commenter representing dietitians asked us to review the relativity of payment across the three medical nutrition CPT codes. The commenter indicated that payment for CPT code 97803 was set at 72.9 percent of proposed RVUs for CPT code 97802 and 97804 was set at 31 percent of CPT code 97802. The commenter argues that, because reassessments are shorter than initial assessments, the proposed RVUs are actually discounted twice (that is, less payment per 15 minutes of time as well as less total time). They believe that the value of CPT codes 97802 and 97803 should be identical. The commenters indicated that E/M services provided by physicians do not receive the same discount. The commenter also stated that the payment for CPT code 97804 was less than for other group services and gave the example of a nurse or pharmacist providing nutrition instruction under the diabetes self-management training benefit.

Response: We have reviewed the payments for CPT codes 97802 and 97803 and agree with the commenter that these two codes should have the same values. The essential difference between an initial and follow up medical nutrition therapy service is the time spent performing the service. Initial visits will be longer than follow-up visits and will likely involve Medicare payment for more increments of service. We will pay less for follow up visits because they will typically involve fewer 15 minute increments of time than an initial visit. The payment rate we are establishing in this final rule for CPT code 97803 will be the same as the proposed rate for CPT code 97802. We have also changed the payment rate for CPT code 97804 assuming that the code will normally be billed for 4 to 6 patients with the average of 5. Using the revised values, the payment rate for group medical nutrition therapy would approximate the hourly rate paid for other medical nutrition therapy services. (We note that the RVU units between the proposed and final rule show some marginal change because of changes made in the practice expense methodology that affect all physician fee schedule services). We do not agree with the comment that ''evaluation and management services provided by physicians do not receive the same discount.'' E/M service are not time based services and, as stated above, for many reasons are inappropriate comparisons to medical nutrition therapy service codes.

Comment: Many commenters stated that co-payments must be structured so that they are not barriers to the medical nutrition therapy benefit.

Response: Section 105(c) of the BIPA modifies section 1833(a)(1) of the Act to add subparagraph (T) that requires that Medicare payment equal 80 percent of the lesser of the actual charge for the services or 85 percent of the amount determined under physician fee schedule. The statute requires the same coinsurance for medical nutrition therapy services that applies to other Part B services.

Comment: Commenters suggested that initial medical nutrition therapy sessions for treatment of diabetes or renal disease should be billed under CPT code 97802 and subsequent medical nutrition therapy sessions should be billed under CPT code 97803. New diagnoses due to a change in medical condition or unanticipated complications should be billed under CPT code 97802 and subsequent medical nutrition therapy sessions should be billed under CPT code 97803.

Response: At the present time, we are requiring that medical nutrition therapy be reported by using CPT codes 97802, 97803, and 97804. We will revisit our coding requirements when we publish the NCD for medical nutrition therapy. The NCD will set forth the structure of the medical nutrition therapy benefit in detail. We will make a decision concerning creation or modification of codes and creation of modifiers for reporting medical nutrition therapy once the NCD has been published. Until the NCD is published, creation or modification of codes and creation of modifiers would be premature. Therefore, we are requiring that the initial individual medical nutrition therapy visit be reported as CPT code 97802 and all follow up visits (for interventions and reassessments) for individual medical nutrition therapy be reported as CPT code 97803. All group medical nutrition therapy visits should be reported as CPT code 97804 whether they are initial or follow up visits.

Comment: Commenters urged us to define medical nutrition therapy descriptors consistently. They stated that the descriptors in Table 5 of the proposed rule should agree with the descriptors in § 414.132.

Response: We agree. We will make the descriptors for medical nutrition therapy consistent with the nomenclature in CPT and our regulations.

Comment: We received a comment that recommended that we consider including additional items in the practice expense inputs for medical nutrition therapy. The commenter indicated that inputs should include staff costs for training on billing procedures, Health Insurance Portability and Accountability Act training, audit expenses, and other costs resulting from Medicare policies and procedures. The commenter indicated that expenses of registered dietitians in private practice differ little from other practitioners.

Response: There are two major data sources used in the practice expense methodology—estimates of direct inputs and aggregate practice expense per hour information from the AMA's Socioeconomic Monitoring Survey. At this time, we are using the practice expense per hour for all physicians to establish the practice expense RVUs for medical nutrition therapy. We are not currently using the estimates of direct expenses for medical nutrition therapy because the services are valued in the no-work pool. However, we are researching alternatives to the no-work pool that would allow all no-work services to be priced under the top-down methodology. If we develop such an alternative, the estimates of direct expenses will be important in determining the RVUs for medical nutrition therapy. Indirect expenses are based on physician work and direct inputs. We believe that many of the costs identified by this commenter are indirect costs that would likely be included in practice expenses reported through the SMS survey. Since the commenter has suggested that practice expenses for private practice registered dietitians differ little from other

practitioners, we believe the average practice expense per hour for all physicians is sufficient to use in the practice expense methodology.

Result of Evaluation of Comments

The payment rate we are establishing in this final rule for CPT code 97803 will be the same as the rate for CPT code 97802. We are also changing the payment rate for CPT code 97804 using the assumption that the code will normally be billed for 4 to 6 patients with the average of 5. Using these revised values, the payment rate for group medical nutrition therapy will approximate the hourly rate paid for other medical nutrition therapy services.

F. Telehealth Services

Beginning October 1, 2001, the BIPA amended section 1834 of the Act to specify that we pay a physician (as defined in section 1861(r) of the Act) or a practitioner (described in section 1842(b)(18)(C) of the Act) for telehealth services that are furnished via a telecommunications system to an eligible telehealth individual.

The BIPA defined Medicare telehealth services as professional consultations, office or other outpatient visits, and office psychiatry services identified as of July 1, 2000, by CPT codes 99241 through 99275; 99201 through 99215, 90804 through 90809 and 90862 (and as we may subsequently modify) and any additional service we specify. The BIPA defines an eligible telehealth individual as an individual enrolled under Part B who receives a telehealth service furnished at an originating site.

Section 1834(m) of the Act, as added by the BIPA, limited an originating site to a physician's or practitioner's office, hospital, critical access hospital, rural health clinic, or Federally qualified health center. Additionally, the BIPA specified that the originating site must be located in one of the following geographic areas:

- In an area that is designated as a rural health professional shortage area (HPSA) under section 332(a)(1)(A) of the Public Health Service Act.
- In a county that is not included in a Metropolitan Statistical Area (MSA).

However, an entity participating in a Federal telemedicine demonstration project that has been approved by, or receives funding from us as of December 31, 2000 would not be required to be in a rural HPSA or non-MSA.

The BIPA also required that we pay a physician or practitioner located at a distant site that furnishes a telehealth service to an eligible telehealth beneficiary an amount equal to the amount that the physician or practitioner would have been paid under Medicare had the service been furnished without the use of a telecommunications system.

This section also provided for a facility fee payment for the period beginning October 1, 2001 through December 31, 2002, to the originating site of $20. For each subsequent year, the facility fee for the preceding year is increased by the percentage increase in the MEI as defined in section 1842(i)(3) of the Act. The BIPA also amended section 1833(a)(1) of the Act to specify that the amount paid must be 80 percent of the lesser of the actual charge or the amounts specified in new section 1834(m)(2) of the Act.

In order for us to have this benefit expansion implemented timely, we have used a program memorandum. The program memorandum was effective October 1, 2001. This final rule will be effective January 1, 2002.

The rule published on August 2, 2001 proposed to establish policies for implementing the provisions of section 1834(m) of the Act, as added by the BIPA, that change Medicare payment for telehealth services.

We proposed to revise § 410.78 to specify that Medicare beneficiaries are eligible for telehealth services only if they receive services from an originating site located in either a rural HPSA as defined by section 332(a)(1)(A) of the Public Health Services Act or in a county outside of a MSA as defined by section 1886(d)(2)(D) of the Act.

1. Definitions

Section 1834(m)(4)(F) of the Act, which was added by the BIPA and became effective for services beginning October 1, 2001, defined telehealth services as professional consultations, office and other outpatient visits, individual psychotherapy, pharmacologic management, and any additional service we specify. Additionally, this provision identified covered services by HCPCS codes identified as of July 1, 2000. We proposed to revise § 410.78 to implement this coverage expansion to include the following services (and corresponding CPT codes):

- Consultations (codes 99241 through 99275).
- Office and other outpatient visits (codes 99201 through 99215).
- Individual psychotherapy (codes 90804 through 90809).
- Pharmacologic management (code 90862).

We solicited comments regarding the guidelines that we should use to make additions or deletions of services. We also solicited comments about specific services that may be appropriate to be covered under the Medicare telehealth benefit.

In this final rule, we are specifying at § 410.78 that, except for the use of store and forward technology in the demonstration programs conducted in Alaska or Hawaii, an interactive telecommunications system must be used and the medical examination of the patient must be at the control of the physician or practitioner at the distant site. We are defining interactive telecommunications system as multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and physician or practitioner at the distant site. We are also specifying that telephones, facsimile machines, and electronic mail systems do not meet the definition of an interactive telecommunications system.

A patient need not be present for a Federal telemedicine demonstration program conducted in Alaska or Hawaii. We are specifying that for Federal telemedicine demonstration programs conducted in Alaska or Hawaii, Medicare payment is permitted for telehealth when asynchronous store and forward technologies, in single or multimedia formats, are used as a substitute for an interactive telecommunications system. Additionally, we are specifying that the physician or practitioner at the distant site must be affiliated with the demonstration program.

We are defining asynchronous, store and forward technologies, as the transmission of the patient's medical information from an originating site to the physician or practitioner at the distant site. The physician or practitioner at the distant site can review the medical case without the patient being present. An asynchronous telecommunications system in single media format does not include telephone calls, images transmitted via facsimile machines, and text messages without visualization of the patient (electronic mail). Photographs must be specific to the patient's medical condition and adequate for rendering or confirming a diagnosis or treatment plan. Finally, we are defining the originating site as the location of an eligible telehealth individual at the time the service being furnished via a telecommunications system occurs.

2. Conditions of Payment

The BIPA changed the telepresenter requirements. In accordance with section 1834(m)(2)(C) of the Act, a

telepresenter is not required to be present. Therefore, we would not require a telepresenter as a condition of Medicare payment.

Section 1834(m)(1) of the Act requires that Medicare make payments for telehealth services furnished via a telecommunications system by a physician or a practitioner (described in section 1842(b)(18)(C) of the Act). Non-physician practitioners described in this section of the Act include nurse practitioners, physician assistants, clinical nurse specialists, certified nurse midwives, clinical psychologists, clinical social workers, and certified registered nurse anesthetists or anesthesiologists' assistants. Section 1834(m)(2) of the Act specifies that we pay the physician or practitioner at the distant site who furnishes a telehealth service an amount equal to the amount that the physician or practitioner would have been paid under Medicare had the service been furnished without the use of a telecommunications system.

Certified registered nurse anesthetists and anesthesiologists' assistants would not be permitted to bill for and receive payment for a telehealth service under this provision. Under the Medicare program, these practitioners do not receive payment for office visits, consultation, individual psychotherapy, or pharmacologic management when these services are furnished without the use of a telecommunications system. Section 1834(m)(2) of the Act specifies that we pay to the distant site physician or practitioner an amount equal to what would have been paid for the service without the use of a telecommunications system. Therefore, certified registered nurse anesthetists and anesthesiologists' assistants would not receive payment for telehealth services.

We proposed at § 410.78 that, as a condition of Part B payment for telehealth services, the physician or practitioner at the distant site must be licensed to provide the service under State law.

Section 1834(m)(2)(A) of the Act specifies that the payment amount for the professional service is equal to the amount that would have been paid without the use of a telecommunications system. Medicare payment for physicians' services is generally based, under section 1848 of the Act, on the resource-based physician fee schedule. Payment to other health care practitioners listed earlier, authorized under section 1833 of the Act, is based on a percentage of the physician fee schedule payment amount. Therefore, we will pay for office or other outpatient visits, consultation, individual psychotherapy, and pharmacologic management services furnished by physicians at 80 percent of the lower of the actual charge or the fee schedule amount for physicians' services. We will also pay for services furnished by other practitioners at 80 percent of the lower of the actual charge or that practitioner's respective percentage of the physician fee schedule.

Section 1834(m)(2) of the Act provides for a professional fee for the physician or practitioner at the distant site (equal to the applicable Part B fee schedule amount) and a $20 facility fee for the originating site. Telepresenters are not required, unless one is deemed medically necessary by the physician or practitioner at the distant site. The BIPA does not address the issue of payment for the telepresenter. The Office of the Inspector General has advised us that permitting the physician or practitioner at the distant site to pay the telepresenter creates a significant risk under the anti-kickback statute. Therefore, we establish in § 414.65 that payments made to the distant site physician or practitioner for professional fees, including deductible and coinsurance (for the professional service), are not to be shared with the referring practitioner or telepresenter.

However, the telepresenter could bill and receive payment for services that are not telehealth services that a telepresenter would otherwise be allowed to provide under the Medicare statute, including services furnished on the same day as the telehealth service.

The BBA prohibited any payment for line charges or facility fees associated with a professional consultation via a telecommunications system. Section 1834(m)(2)(B) of the Act, as added by the BIPA, provides for a facility fee payment to the originating site, specifying that the amount of payment is 80 percent of the lesser of the actual charge or a facility fee of $20.00. The BIPA further specifies that, beginning January 1, 2003, the originating facility fee be increased annually by the Medicare Economic Index (MEI) as defined in section 1842(i)(3) of the Act. Additionally, we clarify that the Geographic Practice Cost Index (GPCI) would not apply to the facility fee for the originating site. This fee is statutorily set and is not subject to the geographic payment adjustments authorized under the physician's fee schedule. The beneficiary is responsible for any unmet deductible amount and Medicare coinsurance. We would revise § 414.65 to provide for payment of a facility fee to the originating site.

Section 1834(m)(3) of the Act specifies that sections 1842(b)(18)(A) and (B) apply to physicians and practitioners receiving payment for telehealth services and to originating sites receiving a facility fee, in the same manner as they apply to practitioners. This section requires that payment for such services may only be made on an assignment-related basis. We did not reflect this provision in the proposed rule. Because this requirement is specified in the BIPA and we have no discretion, we are implementing it in this final rule in new § 414.65(d).

Comment: One commenter believed that requiring an originating site to be located in a rural HPSA or non-MSA county would not permit medical practitioners located in urban and suburban areas to offer telehealth services.

Response: We clarify that, as a condition of payment under Medicare, the originating site must be located in a rural HPSA or non-MSA county. The physician or practitioner at the distant site, who provides the telehealth service, is not subject to these limitations. For example, a psychologist in Salt Lake City, Utah would be able to provide a mental health visit to a beneficiary at a physician's office located in a non-MSA county.

Comment: We received various comments on the definition of an originating site. Many commenters believe that the list of facilities eligible to be a telehealth originating site should be expanded beyond those specified in the statute. Specific suggestions were received to include the patient's residence, skilled nursing facilities, nursing homes, and community mental health centers as originating site facilities within this provision. Another commenter suggested that we recommend legislative changes to remove the requirement that an originating site facility be located in a HPSA or non-MSA county.

Moreover, one organization requested that all locations included within the Alaska Native Tribal Health Consortium, including but not limited to outpatient health facilities recognized by the Indian Health Service as tribal health facilities be included as an originating site. The commenter requested that these sites be defined as an originating site regardless of whether they are certified as a Medicare Federally qualified health center or not.

Response: Section 1834(m) of the Act defines an originating site facility to include only a physician's or practitioner's office, hospital, critical access hospital, rural health clinic or Federally qualified health center.

Further, the Act specifies that the originating site must be located in a rural HPSA or non-MSA county. We do not have the legislative authority to expand the definition of a telehealth originating site beyond this provision. However, we will be studying this issue as part of a report to the Congress as authorized by section 223(d) of the BIPA.

Comment: One specialty college requested confirmation that the patient's medical information provided via store and forward telehealth is furnished to the physician or practitioner at the distant site in order to recommend or confirm a diagnosis and or treatment plan and not to provide a formal interpretation of imaging exams.

Response: The commenter is correct. Payment for services via store and forward technology under this provision does not include formal interpretation of an imaging exam. Medicare currently allows coverage and payment for medical services delivered via a telecommunications system that do not require a face-to-face ''hands on'' encounter. Section 2020(A) of the Medicare Carriers Manual addresses this issue and lists radiology, electrocardiogram, and electroencephalogram interpretations as examples of such services.

Comment: In the proposed rule, we requested comments on the guidelines that we should use to make additions or deletions to covered Medicare telehealth services. We also requested suggestions and comments about specific services that may be appropriate for payment under the Medicare telehealth benefit. In response to our solicitation, we received one comment regarding the guidelines we should use to make changes to the scope of Medicare telehealth coverage. Ten commenters provided specific suggestions regarding additional services that may be appropriate for the Medicare telehealth benefit.

Several commenters indicated that a psychiatric diagnostic interview, CPT code 90801, would be appropriate for Medicare telehealth payment. One association stated that the elements of this service are directly comparable to a new patient office visit, which the law defines as a telehealth service. Given that the law permits us to add additional services as appropriate, this commenter suggested that we include a psychiatric diagnostic interview within the definition of a telehealth service. Another association suggested that interactive psychotherapy, CPT codes 90810, 90812 and 90814, should be covered Medicare telehealth services. Interactive psychotherapy uses play equipment, physical devices and other mechanisms of non-verbal communication in an office or outpatient facility.

Several commenters suggested that telerehabilitation interventions that provide education, mentoring and consultation be included within the scope of Medicare telehealth coverage. The commenters specifically note that speech therapy and physical and occupational therapy should be included as telehealth services.

One consortium requested that all services provided under the Federal telehealth project in Alaska be included as covered telehealth services within this provision. The commenter believes that virtually all evaluation & management and psychiatry services should be included as Medicare telehealth services. Additionally, the commenter notes that many respiratory, digestive, ophthalmology and otorhinolaryngology services are appropriate for telehealth coverage.

One organization suggested that we consider guidelines similar to those currently in place for non-telehealth services. For instance, the commenter stated the service should be reasonable and necessary, safe and effective, medically appropriate, and provided within the purview of accepted standards of medical practice. The commenter stresses that the type of technology used to deliver the service should be secondary to the reasonable and necessary criteria.

Response: We will use these comments and suggestions to assist us in establishing guidelines for a telehealth coverage process and the addition of specific telehealth services that may be appropriate for Medicare beneficiaries. However, we do not believe it would be appropriate to expand the scope of telehealth services beyond the services explicitly listed in the Act until we have a process in place for adding new telehealth services.

Comment: With regard to the definition of a ''telecommunications system'', one organization encouraged us to permit store and forward technologies in other circumstances beyond federal telemedicine demonstration projects conducted in Alaska or Hawaii. The commenter believes that emphasis should be given to whether a particular service is reasonable and necessary rather than specific technology requirements. Moreover, the commenter stated that the face-to-face requirement is outdated for telehealth as well as other areas of the Medicare fee schedule and suggested that current technology, such as electronic mail, permits physicians to care for their patients even when the patient is not present.

Response: Section 1834(m) of the Act defines a telehealth service as office and other outpatient visits (99201 through 99215), professional consultations (99241 through 99275), individual psychotherapy (90804 through 90809), and pharmacologic management (90862). Further, the law specifies that payment must be equal to what would have been paid without the use of a telecommunications system.

As a condition of payment under Medicare, these services require a face-to-face patient encounter. We believe that the patient's presence and use of an interactive audio and video telecommunications system permitting the distant site practitioner to interact with the patient provides a reasonable substitute for a face-to-face encounter. The law provides for the use of asynchronous, store and forward technologies for delivering telehealth services only for telemedicine demonstration projects conducted in Alaska or Hawaii. We do not have the authority to expand the use of store and forward technology in delivering telehealth services.

Comment: One organization in a remote region requested that a definition of a telepresenter be added to § 410.78. The commenter suggested we permit a certified community health aid to present a patient when the aide is the only medical professional available to act as a telepresenter.

Response: The physician or practitioner at the distant site has the authority to determine whether it is medically necessary to require a telepresenter and, if necessary, the appropriate medical professional needed to present the patient. We do not believe it is appropriate for us to specify the type of medical professionals that are necessary to act as a telepresenter.

Comment: We received conflicting comments concerning interstate telehealth services. One organization requested that we require the physician or practitioner at the distant site to be licensed in the State where the originating site is located. On the other hand, an association requested clarification that the physician or practitioner at the distant site only needs to be licensed in the State where he or she is located and does not need to be licensed in the State where the originating site is located. Another commenter requested that we clarify that the service is considered rendered where the distant site physician or practitioner is located.

Response: We defer to State law regarding licensure issues. When the

State law for the originating site permits an out-of-State practitioner to provide a telehealth service, without being licensed in the State in which the originating site is located, Medicare would make payment for the telehealth service. However, when State law precludes an out-of-State practitioner from delivering a telehealth service, Medicare would not pay for that service.

We clarify that for payment purposes, the site of service for the telehealth service is the location of the physician or practitioner at the distant site. Given that section 1834(m) of the Act specifies that payment to the physician or practitioner at the distant site must be equal to the amount that would have been paid without the use of telehealth, it is appropriate to use the Geographic Practice Cost Index (GPCI) relevant to the distant site. However, our determination of the distant site physician's or practitioner's location as the site of service for Medicare payment is not intended to make a comment regarding the scope of medical practice.

Comment: One consortium believes that the proposed rule would not permit the physician or practitioner at the distant site to bill for a telehealth service when State or Federal law exempts a physician or practitioner from being licensed in the State in which he or she is currently employed. The consortium is a Federal telemedicine demonstration project that would be permitted to use store and forward telecommunications technologies in delivering telehealth services. The commenter notes that the State of Alaska exempts physicians or practitioners who are part of the military or Public Health Service that provide health care services in Alaska from its licensure requirements. Further, the commenter stated that Federal law authorizes health care professionals who are members of the military providing services for the Department of Defense to practice in any State provided the professionals are licensed in a State, the District of Columbia or other specific locations. The commenter also noted that current Medicare manual instructions specify that when a physician in a Federal hospital provides services to the public generally as a community institution, he or she may be considered as meeting the statutory definition of a physician even though he or she may not have a license to practice in the State in which he or she is employed.

Response: The telehealth provision does not affect State or Federal legislation providing certain physicians or practitioners an exemption from State licensure. When Federal or State law exempts a physician or practitioner from State licensure, then the physician or practitioner at the distant site is permitted to provide a telehealth service regardless of whether he or she is licensed within the State where he or she is employed.

Comment: One organization requested that § 414.65(a)(2) be revised to specify for what services the physician or practitioner who presents the patient could bill. The commenter believes that when the physician at the distant site determines that it is medically necessary for another practitioner to assist in providing the telehealth service, the telepresenter should be compensated. The commenter suggested that a telepresenter be permitted to bill for a consultation or confirmatory consultation.

Response: On the day the telehealth service occurs, the telepresenter may bill and receive payment for services that are not telehealth services that he or she would otherwise be allowed to provide under Medicare. A telepresenter, for example, a nurse practitioner, could bill for and be paid for a medically necessary office, outpatient or inpatient visit preceding or subsequent to a telehealth service. Additionally, the telepresenter could be paid for other medically necessary services requested by the physician or practitioner at the distant site. However, the physician at the distant site may not share any portion of the telehealth payment with the telepresenter or referring practitioner. We do not agree that § 414.65(a)(2) should be changed to specify the services for which a telepresenter can and cannot bill. This section implements payment for telehealth services only, and the Act does not provide for a payment to the telepresenter for telehealth services.

Comment: Many organizations and individual commenters expressed overall support for the revision of Medicare payment for telehealth. Specifically, commenters mentioned removal of the fee sharing requirement, relaxed conditions of payment, and the addition of non-MSA counties to the geographic areas eligible for telehealth under Medicare. The commenters noted that these changes will have a positive effect on health care delivery and will help provide services to areas where specialty care is sparse.

Response: We agree that the proposed revisions to Medicare telehealth coverage and payment policies, as authorized by the BIPA, remove significant barriers for physicians and practitioners wishing to provide telehealth services.

Comment: One commenter indicated that the cost of collecting the coinsurance for the originating site facility fee could easily exceed the amount the facility would collect from the beneficiary. The commenter encouraged us to permit originating sites to waive the coinsurance in those situations where the telehealth facility charge is the only amount to be billed to the beneficiary.

Response: We do not have the authority to eliminate the coinsurance requirement outright for telehealth originating sites. However, Medicare permits the waiver of coinsurance for limited situations. Section 5220 of the Medicare Carriers Manual specifies that physicians and suppliers may waive billing for or collection of coinsurance or deductibles for indigent patients or when the physicians' or suppliers' cost of billing or collecting exceeds or is disproportionate to the amounts to be collected. Documentation must be sufficient to support that costs for billing the beneficiary exceed or are disproportionate to the amount collected from the beneficiary. In this instance, the amount collected refers to 20 percent of the originating site telehealth facility fee.

We clarify that when the patient owes additional coinsurance to the originating site for other Medicare services, billing for the telehealth facility fee coinsurance amount may be consolidated with the coinsurance amount owed for those services. We believe that this would resolve the commenter's concern that the cost for billing and or collecting the coinsurance for a single facility fee could exceed or be disproportionate to the amount collected from the beneficiary.

Comment: One association submitted a number of comments that have payment implications for the Federally qualified health center benefit.

Response: These issues involve specific aspects of the Federally qualified health center payment methodology and are beyond the scope of this provision. We will take these comments into consideration in formulating future instructions for payment implications on FQHCs.

Result of Evaluation of Comments

We are implementing this provision as stated above.

G. Indian Health Service

The Indian health care system provides primary health care to many American Indian and Alaska Native Medicare beneficiaries. This system consists of programs operated by a Federal agency, the Indian Health

Service (IHS), and Federally funded programs operated by Indian tribes, tribal organizations, and urban Indian organizations (as those terms are defined in section 4 of the Indian Health Care Improvement Act). These programs deliver a range of clinical and preventive health services to their beneficiaries through a network of facilities including hospitals and outpatient clinics. Programs operated in IHS-owned or leased facilities, by IHS or by tribes or tribal organizations, are considered ''Federal providers'' by Medicare. Sections 1814(c) and 1835(d) of the Act generally prohibit payment to Federal providers, subject to exceptions contained in section 1880 of the Act for these IHS facilities. Before enactment of the BIPA, the exception in section 1880 of the Act was applicable only to IHS owned or leased hospitals, provider-based clinics, and skilled nursing facilities (regardless of whether the entity is tribally operated). The exception did not permit Medicare to pay for services furnished by IHS owned or leased free-standing outpatient clinics or to pay any IHS owned or leased facilities for services by physicians and other practitioners paid under a fee schedule.

Effective July 1, 2001, section 432 of the BIPA extends the exception in section 1880 of the Act to permit Medicare payments to hospitals and outpatient clinics (provider-based or free-standing), operated by the IHS or by a tribe or tribal organization, for services furnished by physicians and specified non-physician practitioners in or at the direction of the hospital or outpatient clinic. Payments for these services are made to the hospital or outpatient clinic, not to the physician or other practitioner. These payments are subject to the same situations, terms, and conditions as would apply if the services were furnished in, or at the direction of, a hospital or outpatient clinic that is not operated by the IHS or by a tribe or tribal organization. The payments include incentive payments for physicians furnishing covered physicians' services in rural or urban health professional shortage areas (HPSAs) if the usual HPSA criteria are met. (For further information see section 1833 of the Act and § 414.42 of our regulations.) Payments will not be made under these provisions to the extent that Medicare is otherwise paying for the same services under other provisions (for example, as part of a bundled payment, or if a tribal outpatient clinic continues to bill as a Federally qualified health center (FQHC)).

We have added a new § 410.46 to our regulations to reflect this new statutory provision. Due to the statutory effective date of July 1, 2001, we implemented this BIPA provision through program memorandum instructions.

Result of Evaluation of Comments

We received no comments on the statutory requirement to pay Indian Health Service and tribal hospitals and clinics for the services of physicians and other practitioners under Medicare fee schedules.

H. Pathology Services

The November 2, 1999 final rule (64 FR 59380) provided that, for services furnished on or after January 1, 2001, carriers would no longer pay claims to independent laboratories under the physician fee schedule for the technical component (TC) of physician pathology services for hospital inpatients. Before that rule, independent laboratories could bill the carrier under the physician fee schedule for the TC of a physician pathology service furnished to a hospital inpatient. Also, under that rule, independent laboratories would still have been able to bill and receive payment for the TC of physician pathology services furnished to patients who are not hospital inpatients.

Section 542 of the BIPA requires the Medicare carrier to continue to pay for the TC of physician pathology services when an independent laboratory furnishes these services to an inpatient or outpatient of a covered hospital. The BIPA provisions apply to TC services furnished during the 2-year period beginning January 1, 2001 and continuing through December 31, 2002. We informed the carriers and the intermediaries of this provision through program memorandum AB–01–47, which was issued in March 2001. This program memorandum requested the carriers to notify independent laboratories of this provision in their next regularly scheduled bulletin and to place this bulletin on their Internet web site. In the absence of further legislation, the policy of the November 1999 final rule will take effect for the TC of physician pathology services furnished to hospital patients after December 31, 2002. We have revised § 415.130 to conform to the statutory change in section 542 of BIPA concerning the payment for the TC of physician pathology services.

Result of Evaluation of Comments

We have received no comments on this issue.

IV. Five-Year Review of Work Relative Value Units Under the Physician Fee Schedule; Responses to Public Comments on the Five-Year Review of Work Relative Value Units

A. Scope of Five-Year Review

This final rule includes the culmination of the 5-year review of work RVUs required by statute. The work RVUs affected by this review will be effective for services furnished beginning January 1, 2002.

In our June 8, 2001 proposed notice (66 FR 31028), we explained the process used to conduct the 5-year review of work RVUs. During the comment period we received approximately 35 public comments on approximately 900 codes. After review by our medical staff, we forwarded all of the comments we received concerning potentially misvalued services to the AMA's Specialty Society Relative Value Update Committee (RUC).

The RUC submitted work RVU recommendations for all of the codes we forwarded with the exception of the anesthesia codes and conscious sedation codes. We analyzed all of the RUC recommendations and evaluated both the recommended work RVUs and the rationale for the recommendations. If we had concerns about the application of a particular methodology, but thought the recommended work RVUs were reasonable, we verified that the recommended work RVUs were appropriate by using alternative methodologies. (For additional information on the review process, please see the proposed notice published June 8, 2001.)

B. Review of Comments (Includes Table 4 Work RVU Refinements of 5-Year Review Codes Commented on in Response to the June 8, 2001 Proposed Notice)

During the comment period for our June 8, 2001 proposed notice, commenters generally supported our proposed changes. We received more than 125 comments on approximately 39 specific codes plus all the anesthesia services. The majority of these comments addressed the gastrointestinal endoscopy codes and anesthesia services.

We convened a multispecialty panel of physicians to assist us in the review of the comments. The comments we did not submit for panel review are discussed at the end of this section. The panel was moderated by our medical staff and consisted of:

- Clinicians representing the commenting specialties, based on our determination of those specialties which

are most identified with the services in question. Although commenting specialties were welcomed to observe the entire refinement process, they were only involved in the discussion of those services for which they were invited to participate.

- Primary care clinicians nominated by the American Academy of Family Physicians and the American College of Physicians and American Society of Internal Medicine.
- Four carrier medical directors.
- Four clinicians with practices in related specialties who had knowledge of the services under review.

We submitted 6 codes for evaluation by the panel. The panel discussed the work RVUs involved in each procedure under review in comparison to the work RVUs associated with other services on the fee schedule. We assembled a set of reference services and asked each panel member to compare the clinical aspects for the services they believed were incorrectly valued to one or more of the reference services. In compiling the reference set, we attempted to include—(1) services that are commonly performed whose work RVUs are not controversial; (2) services that span the entire work spectrum from the easiest to the most difficult; and (3) at least three services performed by each of the major specialties so that each specialty would be represented. The reference set listed over 300 services. Group members were encouraged to make comparisons to these reference services. The intent of the panel process was to capture each participant's independent judgement based on the discussion and his or her clinical experience. Following each discussion, each participant rated the work for the procedure. Ratings were individual and confidential; there was no attempt to achieve consensus among the panel members.

We then analyzed the ratings based on a presumption that the RVUs in the proposed notice were correct. To overcome this presumption, the inaccuracy of the proposed RVUs had to be apparent to the broad range of physicians participating in each panel.

Ratings of work were analyzed for consistency among the groups represented on each panel. We used statistical tests to determine whether there was enough agreement among the groups on the panel, and whether the agreed-upon RVUs were significantly different from the proposed RVUs published in the June 8, 2001 proposed notice. We did not modify the RVUs unless there was a clear indication for a change. If there was agreement across groups for change, but the groups did not agree on what the new RVUs should be, we eliminated the outlier group, and looked for agreement among the remaining groups as the basis for new RVUs. We used the same methodology in analyzing the ratings that we first used in the refinement process for the 1993 fee schedule. The statistical tests we used are described in detail in the November 25, 1992 final rule (57 FR 55938).

Our decision to convene a multispecialty refinement panel of physicians and to apply the statistical tests referred to above was based on our need to balance the interests of those who commented on the work RVUs against the redistributive effects that would occur in other specialties. Of the 6 codes reviewed by the multispecialty panel, all were the subject of requests for increased values.

We also received comments that we did not submit to the panels for a variety of reasons. These comments are discussed later in this section. Of the proposed codes that were reviewed, 3 increased, and 3 were not changed.

Table 4.—Work Relative Value Unit Refinements of Five-Year Review Codes Commented on in Response to the June 8, 2001 Proposed Notice

Table 4 lists the codes reviewed during the 5-year review on which we received comments. This table includes the following information:

- *CPT/HCPCS Code.* This is the CPT or alphanumeric HCPCS code for a service.
- *Modifier.* A modifier–26 is shown if the work RVUs represent the professional component of the service.
- *Description.* This is an abbreviated version of the narrative description of the code.
- *Proposed Work RVUs.* This column includes the work RVUs proposed in the June 8, 2001 proposed notice for each reviewed code.
- *Requested Work RVUs.* This column identifies the work RVUs requested by the commenters. If the commenters requested different RVUs, the table lists the highest requested RVUs. For some codes we received recommendations for an increase but no specific RVUs were recommended.
- *RUC Recommendation.* This column identifies the work RVUs recommended by the RUC if the RUC made a specific work value recommendation as part of its comments on the June 8, 2001 proposed notice.
- *2002 Work RVUs.* This column contains the 2002 work RVUs.
- *Basis for Decision.* This column indicates whether:

+ The recommendations of the multispecialty refinement panel were the basis upon which we determined that the proposed work RVUs published June 8, 2001 should be retained (indicator 1).

+ A new value emerged from our analysis of the refinement panel ratings (indicator 2).

+ A new or retained value came from review of the comment(s) received (indicator 3).

+ A new value came from the need to make a rank-order change to maintain or correct existing relationships among services (indicator 4).

+ A value is retained and the code has been referred to the RUC (indicator 5).

+ There is no change in value but we have adjusted the global period (indicator 6).

TABLE 4.—WORK RVU REFINEMENTS OF THE FIVE-YEAR REVIEW CODES COMMENTED ON IN RESPONSE TO JUNE 8, 2001 PROPOSED NOTICE

CPT/HCPCS Code [1]	Mod	Descriptor	Proposed Work RVU	Requested Work RVU	RUC REC	2002 Work RVU	Basis for decision
00100–01999		Anesthesia services	([2])	([3])		([2])	#5
11055		Trim skin lesion	0.27	0.43		0.43	#3
11056		Trim skin lesion, 2 to 4	0.39	0.61		0.61	#3
11057		Trim skin lesions, over 4.	0.50	0.79		0.79	#3
11719		Trim nail(s)	0.11	0.17		0.17	#3
27286		Fusion of hip joint	23.45			23.45	#4

TABLE 4.—WORK RVU REFINEMENTS OF THE FIVE-YEAR REVIEW CODES COMMENTED ON IN RESPONSE TO JUNE 8, 2001 PROPOSED NOTICE—Continued

CPT/HCPCS Code [1]	Mod	Descriptor	Proposed Work RVU	Requested Work RVU	RUC REC	2002 Work RVU	Basis for decision
36400		Drawing blood	0.18	0.38		0.38	#2
36405		Drawing blood	0.18	0.32		0.31	#2
38510		Biopsy/removal, lymph nodes.	6.43			6.43	#6
38571		Laparoscopy, lymphadenectomy.	12.38	19.84		14.68	#2
38740		Remove armpit lymph nodes.	10.02	10.03		10.03	#3
38745		Remove armpit lymph nodes.	13.00	13.10		13.10	#3
38760		Remove groin lymph nodes.	12.94	12.95		12.95	#3
39503		Repair of diaphragm hernia.	34.85	95.00		95.00	#3
43219		Esophagus endoscopy	2.80	3.18		2.80	#3
43239		Upper GI endoscopy, biopsy.	2.69	2.87		[1] 2.87	#3
43244		Upper GI endoscopy/ligation.	4.59	5.05		5.05	#3
43247		Operative upper GI endoscopy.	3.39	3.40		3.39	#3
43249		Esoph endoscopy, dilation.	2.90	3.25		2.90	#3
43255		Operative upper GI endoscopy.	4.40	4.82		4.82	#3
43259		Endoscopic ultrasound exam.	4.89	6.53		4.89	#3
43263		Endo cholangiopancreatograph.	6.19	7.29		7.29	#3
43265		Endo cholangiopancreatograph.	8.90	10.02		10.02	#3
43269		Endo cholangiopancreatograph.	6.04	8.21		8.21	#3
44388		Colon endoscopy	2.82	3.24		2.82	#3
44389		Colonoscopy with biopsy.	3.13	3.54		3.13	#3
44390		Colonoscopy for foreign body.	3.83	4.25		3.83	#3
44391		Colonoscopy for bleeding.	4.32	5.25		4.32	#3
44392		Colonoscopy and polypectomy.	3.82	4.23		3.82	#3
44393		Colonoscopy, lesion removal.	4.84	5.79		4.84	#3
45380		Colonoscopy and biopsy.	4.01	4.44		[1] 4.44	#3
49605		Repair umbilical lesion	22.66	76.00		76.00	#3
56515		Destruction, vulva lesion(s).	2.76	3.63		2.76	#1
56605		Biopsy of vulva/perineum.	1.10		1.10	[4] 1.10	#3
56810		Repair of perineum	4.13		4.13	[4] 4.13	#3
57500		Biopsy of cervix	0.97			0.97	#5
58100		Biopsy of uterus lining	0.71		1.53	[4] 1.53	#3
76090		Mammogram, one breast.	0.70	0.93		0.70	#1
76091		Mammogram, both breasts.	0.87	1.10		0.87	#1
G0127		Trim nail(s)	0.11			0.17	#3

[1] All CPT codes and descriptors copyright 2000 American Medical Association.

[2] No change.
[3] 26% incr.
[4] RVUS to remain interim for 2002.

C. Discussion of Comments by Clinical Area

In this section, we discuss the comments we received on the 39 codes of the more than 900 codes for which we sought public comment. For the codes for which we did not receive any comments, our proposed RVUs are being made final. We have categorized the comments into the same clinical areas we used in the June 8, 2001 notice. Within each clinical area, listed below, we discuss the comments received in CPT code order.

1. Vascular Surgery

Comment: The American Association for Vascular Surgery and the Society for Vascular Surgery expressed appreciation that we agreed with the RUC recommendations for work RVUs for the vascular surgery codes reviewed under the second 5-year review. However, it indicated that some of these services may still be undervalued. It will be reviewing these services as well as a small number of vascular surgery services that were not submitted this year and possibly submit these under the next 5-year review.

Response and final decision: We will finalize the RVUs for the vascular surgery codes as proposed.

2. General Surgery and Colon and Rectal Surgery

Family 2 Lymphadenectomy

Comment: The American College of Surgery (ACS) was supportive of the work performed by CMS medical officers to ensure that rank order anomalies were eliminated from 6 families of codes where acceptance of the RUC recommendations would create distortions in family work value relativity and the rest of the physician fee schedule.

The ACS pointed out a typographical error in the proposed notice. For Family 2 Lymphadenectomy, CMS disagreed with the RUC, and stated that the median survey result of 13 is appropriate for CPT code 38745. The ACS commented that the survey median is actually 13.10. The correction of this error would lead to increases for related family codes 38740 (from 10.02 to 10.03) and 38760 (from 12.94 to 12.95).

Response and final decision: We agree with the commenter's response and will adjust the work values for CPT code 38740 to 10.03; for CPT code 38745 to 13.10; and for CPT code 38760 to 12.95.

Family 3 Lymph Nodes and Lymphatic Channels—Incision/Excision

Comment: The American Academy of Otolaryngology recommended that CMS change the global surgical period of CPT code 38510 from 90 days to 10 days following the RUC survey data for this CPT code. It alleges that there were no postoperative visits beyond 10 days associated with this procedure for the relative work established.

Response: The RUC valued this service based on the fact that it is typically furnished to an outpatient. The value of a hospital discharge day was subtracted from the median survey value. The median survey value is based on one followup office visit. We believe there is merit to the group's point and will change the global period from 90 days to 10 days.

3. Thoracic Surgery

Comment: The Society of Thoracic Surgeons expressed appreciation that we had accepted the RUC recommendations for corrections to work values of many thoracic and cardiac procedures.

Response and final decision: We will finalize the RVUs for these codes as proposed.

4. Orthopedic Surgery

We received no comments on these codes. Therefore, we will finalize all of the proposed work RVUs for the orthopedic surgery codes. We would also note that, in the June rule, we proposed to correct a rank order anomaly by increasing values for CPT code 27286. This code, however, was inadvertently omitted from the table and addendum; it is included in Table 4 and Addendum A of this final rule.

5. Ophthalmology

We received no comments on these codes. Therefore, we will finalize all of the proposed work RVUs for the ophthalmology codes.

6. Urology

We received no comments on these codes. Therefore, we will finalize all of the proposed work RVUs for the urology codes.

7. Obstetrics/Gynecology

CPT Code 38571, Laparoscopy, Surgical; With Bilateral Total Pelvic Lympadenectomy

Comment: The Society of Gynecologic Oncologists (SGO) stated that, while we had proposed an increase for CPT code 38572, an increase was not proposed for CPT code 38571. The SGO believes that both of these codes are undervalued based on insufficient work RVUs being assigned for the laparoscopy with bilateral total pelvic lymphadenectomy procedure, which is common to both codes. It requested that a proportional increase in work RVUs be made for CPT 38571 as well.

Response: We accepted the RUC recommendation that no increase be made in the work RVU for this service based on the lack of compelling evidence to support an increase, and we had proposed retaining the current work RVU for this service. However, based on the comments received, we referred this code to a multispecialty refinement panel for review.

Final decision: As a result of our analysis of the multispecialty refinement panel ratings, we are increasing the work RVUs for CPT code 38571 to 14.68 work RVUs.

CPT Code 56515, Destruction of Lesion(s), Vulva; Extensive, Any Method

Comment: For CPT code 56515, SGO disagreed with the rationale that CPT codes 56515 and 46924 have comparable physician and intraservice work time. It indicated that CPT code 56515 involves lasering a much larger area; therefore, the amount of intraservice time and the number of postoperative visits can be significantly higher.

Response: We had accepted the RUC recommendation of 2.76 work RVUs for this code which was lower than the 3.625 which had been requested by the specialty. Based on the comments received, we referred this code to a multispecialty refinement panel for review.

Final decision: As a result of our analysis of the refinement panel ratings, we are retaining the work RVU of 2.76.

CPT Code 57500, Biopsy, Single or Multiple, or Excision of Lesion, With or Without Fulguration (Separate Procedure)

Comment: In addition to comments on the 2 codes referenced above, SGO also recommended that, while CPT code 57500 was not considered part of the 5-year review, this gender-specific code be forwarded to the RUC for evaluation. It believes the amount of physician time and level of pre- and postoperative work for this procedure is similar to that for the male-specific procedures of CPT

code 54100 (Biopsy of penis (separate procedure)), and CPT code 54505 (Biopsy of testis, incisional (separate procedure)), and thus the physician work for CPT code 57500 should be increased.

Response and final decision: We will refer this code to the RUC for review.

Comment: In our June 8, 2001 proposed notice, we also stated that we referred three female-specific procedure codes that appeared to be misvalued to the RUC for review. As part of its comments on the proposed notice, and in response to our request to review these services, the RUC has provided recommendations on work RVUs for the three codes as follows:

• *CPT code 56605, Biopsy of vulva or perineum (separate procedure); one lesion.*

The RUC stated that this code was reviewed during the first 5-year review and was increased at that time to double the original work RVU for CPT code 56605. While the current work RVU for this code is less than CPT code 54100, Biopsy of penis (WRVU 1.90), the structure of CPT code 56605 allows additional reporting when more than one lesion is biopsied, while the penile code (54100) may be only reported once, regardless of the number of biopsies. The RUC recommended that the current work RVU of 1.10 be maintained for CPT code 56605.

• *CPT code 56810, Perineoplasty, repair of perineum, nonobsterical (separate procedure).*

The RUC indicated that the specialty stated that this service may be undervalued; however, perineoplasty is performed so rarely as a separate procedure that it would be difficult to obtain valid survey data to appropriately value this service. In addition, the specialty is currently considering CPT revisions to this family of codes and will review this issue at that time. The RUC recommended that the current work RVU of 4.13 be maintained for the service.

• *CPT code 58100, Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure).*

The RUC indicated that, based on a review of survey data, CPT code 58100 is undervalued. The RUC compared this code to CPT code 55700 and determined that these 2 services are similar in time and intensity. The RUC also agreed that 58100 is more work than the reference procedure, CPT code 57505, and recommended an increase in the work RVU for CPT code 58100 to 1.53. The RUC also provided refinements to the practice expense inputs for this code.

Response and final decision: We agree with the RUC recommendations for these three codes and will maintain the current work RVUs of 1.10 for CPT code 56605 and 4.13 for CPT code 56810 and increase the work RVUs for CPT code 58100 to 1.53. Because the public has not had a chance to comment on these work RVUs, we will consider them to be interim and will accept comments on values for these 3 codes.

8. Gastroenterology

In the June 8, 2001 proposed notice, we explained that, for the selected series of gastrointestinal endoscopy codes for the 5-year review, the RUC recommended increases in work RVUs for some of the codes and no change in work for other codes. While some of these endoscopy codes may be misvalued, we proposed to keep all work RVUs for gastrointestinal endoscopy codes unchanged. We also requested that the RUC perform a comprehensive review of all gastrointestinal endoscopy codes to ensure that all codes are properly valued and that no rank-order anomalies within and across specialties are created or exacerbated.

With respect to the RUC recommendation concerning permitting separate reporting and payment of conscious sedation codes 90141 and 90142, we stated we would be reviewing data concerning this issue. Any proposal we would have concerning payment and reporting of conscious sedation codes would be the subject of future rulemaking.

Comment: Many physicians and several medical organizations expressed concern about our decision to propose no changes for the 17 endoscopy codes for which the RUC had recommended increases. The American Society for Gastrointestinal Endoscopy, the American College of Gastroenterology, and the American Gastroenterological Association provided an extensive discussion on each of the codes which we will summarize and respond to below.

CPT Code 43219, Esophagoscopy, Rigid or Flexible; With Insertion of Plastic Tube or Stent

The RUC recommended an increase in work RVUs from 2.8 to 3.18 for CPT code 43219 based upon the increased complexity of the condition of the patients receiving these stents. We proposed to maintain the current work RVUs due to our concerns about creating rank order anomalies in the fee schedule.

Comment: We received comments regarding this code from several societies representing gastroenterologists who said that the incremental work involved with esophageal stent placement, presently valued at 1.21 RVUs, should be increased to 1.59 RVUs. The commenters agreed with CMS that several other stent codes were recently reviewed by the RUC and valued using the incremental work value of 1.21 RVUs. Increasing the incremental work value for CPT code 43219 to 1.59 RVUs would result in rank order anomalies for several codes. The commenters acknowledged that these anomalies resulted from the timing of the 5-year review and the valuation of new stent placement codes. In spite of this, the commenters felt the RUC-recommended value was appropriate.

Response: We feel the current work increment of 1.21 RVUs for placement of a stent over the base code 43200 is the appropriate value when assessing incremental work. We do not agree that the incremental work for stent placement should be increased to 1.59 RVUs. The upper GI endoscopy base CPT code 43235 has RVUs of 2.39 and CPT code 43256, upper GI endoscopy with stent placement (including predilation) has work RVUs of 4.35. This results in an incremental value of 1.96 RVUs which includes placement of the stent (1.21 RVUs) and predilation (0.75 RVUs).

Furthermore, diagnostic bronchoscopy, CPT code 31622, has work RVUs of 2.78, and bronchoscopy with tracheal dilation and placement of a tracheal stent (CPT code 31631) has an RVU of 4.37. This means that the incremental work value for tracheal dilation and stent placement is 1.59 RVUs which is significantly less than the work increment of 1.96 listed for CPT code 43256. We also note that CPT code 43219 will be billed with CPT code 43226 (dilation of the esophagus over a guidewire) which has an incremental value of 0.75 work RVUs. This means that when an esophageal stent is placed, the total work value is 1.59 (base code) plus 1.21 (stent placement) plus 0.75 (dilation) for a total of 3.55 RVUs.

More important, the incremental work of placing the stent is 1.96 RVUs which is similar to the incremental work of placing a stent elsewhere in the GI tract and more than the incremental work of placing a stent in the trachea. Increasing the incremental work of placing an esophageal stent to 1.59 RVUs from 1.21 would create a significant rank order anomaly in the physician fee schedule because esophageal stent placement would be valued more than stent placement elsewhere.

Lastly, we note that less work is required to place a plastic stent than to place a wire stent. Both, however, are coded using CPT code 43219 and are valued similarly. For these reasons, we have decided to maintain the current RVUs of 2.80 for this code, and we would like the RUC to review all of the GI endoscopic stent placement codes and all of the GI endoscopic dilation codes simultaneously. Because these services are performed by gastroenterologists and various surgical specialties (general surgery, thoracic surgery, otolaryngology, and colorectal surgery), the RUC should obtain input from all specialties performing these services.

CPT Code 43239, Upper Gastrointestinal Endoscopy Including Esophagus, Stomach, and Either the Duodenum and/or Jejunum as Appropriate, With Biopsy, Single or Multiple

The RUC recommended an increase in work RVUs from 2.69 to 2.87 based on an increase in the number of biopsies obtained during each procedure. The RUC also stated that technological advances allowing for greater precision and detail in finding abnormalities have increased the complexity of this service. The RUC also stated that technological advances have allowed results to be reported more quickly which increases the postservice work because biopsy information and treatment guidance are conveyed to the patient the same day as the procedure. We disagreed, and in the June rule we proposed to maintain the current work RVUs.

Comment: We received comments from several societies representing gastroenterologists and the following concerns were expressed: First, they did not feel that the work of performing biopsy procedures at different sites in the GI tract was the same. They commented that biopsy of lesions in different anatomic sites required different amounts of work. Second, they felt that even though CPT code 43239 was used to report both single and multiple biopsies, the typical patient requires multiple biopsies.

Response: We reviewed these comments and compared the intraservice time for this procedure to other endoscopic biopsy procedures and we have decided to accept the RUC recommendations for this code. However, we are making this value interim. Please see the discussion under CPT code 45380 regarding this issue.

CPT Code 43244, Upper Gastrointestinal Endoscopy Including Esophagus, Stomach, and Either the Duodenum and/or Jejunum as Appropriate; With Band Ligation of Esophageal and or Gastric Varices; CPT Code 43255, Upper Gastrointestinal Endoscopy Including Esophagus, Stomach, and Either the Duodenum and/or Jejunum as Appropriate; With Control of Bleeding, Any Method

The RUC recommended an increase in work RVUs for CPT code 43255 from 4.4 to 4.82 work RVUs, based on the use of new technology, such as lasers, to control bleeding. The RUC also recommended an increase in work RVUs for CPT code 43244 from 4.59 to 5.05 RVUs, based on the increased number of bands typically used to treat esophageal varices. We disagreed and proposed to maintain the current work RVUs.

Comment: We received comments from several societies representing gastroenterologists and the following concerns were expressed: First, they felt that we had incorrectly determined that these two services should be valued identically because the RUC stated that they were ''similar'' in terms of work. Second, although they acknowledged that the use of cautery to control bleeding is not new, they said that the service is undervalued irrespective of which method is used to control bleeding.

Response: We reviewed these comments and compared the intraservice time to other similar procedures and have decided to accept the RUC recommendations for the above CPT codes.

CPT Code 43247, Upper Gastrointestinal Endoscopy Including Esophagus, Stomach, and Either the Duodenum and/or Jejunum as Appropriate; With Removal of Foreign Body

The RUC recommended an increase in work RVUs for this CPT code from 3.39 to 3.59 work RVUs, based on increased complexity of patients undergoing this procedure with a concomitant increase in risk of morbidity. We disagreed and proposed to maintain the current work RVUs.

Comment: We received comments from several societies representing gastroenterologists with the following concerns: First, they felt the increase in the work RVU for this procedure was justified because the procedure is usually performed under emergent conditions. Second, they did not favor uniform incremental work values for removal of foreign bodies from different sites in the gastrointestinal tract.

Response: The RUC used a building-block approach to validate its acceptance of the median work RVUs from the survey. We do not believe the approach used by the RUC is valid for this CPT code. We compared this service to other similar services and continue to believe that the RUC recommendation does not represent the appropriate work increments for foreign body removal from various gastrointestinal sites. Furthermore, it would create a clear rank-order anomaly with CPT code 43215 that should have an identical work increment. Therefore, we will maintain the current work RVUs for this procedure. If the RUC reviews this service again, we ask that all GI endoscopic services for removal of foreign bodies be included in the review.

CPT Code 43249, Upper Gastrointestinal Endoscopy Including Esophagus, Stomach, and Either the Duodenum and/or Jejunum as Appropriate; With Balloon Dilation

The RUC recommended an increase from 2.9 to 3.35 work RVUs for this CPT code based on increased complexity of the condition of patients undergoing this procedure. We disagreed and proposed to maintain the current work RVUs.

Comment: We received comments from several organizations representing gastroenterologists who felt the increase in incremental work value was justified based on their survey. However, they admitted that revaluing CPT code 43249 would create a rank order anomaly with CPT code 43220, an identical procedure. They stated that CPT code 43220 is also undervalued.

Response: The current work increment for ''balloon dilation of esophagus (less than 30mm diameter)'' is 0.51 RVUs for both the esophagus and upper gastrointestinal endoscopy families. Since this is the same procedure in both families, it is unclear why the work should be increased for the upper gastrointestinal family only. This would create a rank-order anomaly. We have decided to maintain the current work RVUs for CPT code 43249. We plan to ask the RUC to review the incremental work RVUs for both CPT code 43249 and CPT code 43220.

CPT Code 43259, Upper Gastrointestinal Endoscopy Including Esophagus, Stomach, and Either the Duodenum and/or Jejunum as Appropriate; With Endoscopic Ultrasound Examination

The RUC recommended an increase in work RVUs from 4.59 to 8.59 based on the complexity of the equipment and the skill and judgement required. The

RUC also noted that the survey results supported this procedure as requiring more work than CPT code 43260—diagnostic endoscopic retrograde cholangio-pancreatography (ERCP)—which has 5.96 work RVUs.

Comment: We received comments from several societies representing gastroenterologists who agreed with us that the RUC values for the new endoscopic ultrasound codes (EUS) were inconsistent with the value recommended by the RUC for CPT code 43259. They felt that new survey data should have been used by the RUC when valuing CPT code 43259 instead of the current incremental work values used by the RUC for the 5-year review.

Response: The RUC used the following building-block methodology to arrive at its recommendation for 43259—1) The RUC added 1.5 work RVUs, which is approximately 75 percent of the difference between the RUC recommendation from the last 5-year review (6.11 work RVUs) and the work RVUs that we assigned (4.0 work RVUs); (2) the RUC then added 2.2 work RVUs, which are the work RVUs of CPT code

93312 (Echocardiography, Transesophageal, Real Time With Image Documentation (2D) (With or Without M-Mode Recording); Including Probe Placement, Image Acquisition, Interpretation and report)

Not only do we disagree with the RUC methodology for this recommendation, but we also note that the RUC has used the current work RVUs for CPT code 43259 to value not only other gastrointestinal transendoscopic ultrasound procedures but also many transendoscopic ultrasound guided biopsy codes. We also note that the RUC has recently re-evaluated CPT code 43231, Esophagoscopy, rigid or flexible; with endoscopic ultrasound examination, and recommended much lower RVUs for the incremental work of the ultrasound examination. Therefore, accepting the RUC recommendation for this code would be inconsistent with the RUC's reevaluation of CPT code 43231, would invalidate the work valuation of many other gastrointestinal endoscopy codes, and would create numerous rank-order anomalies. Therefore, we recommend that the RUC review CPT code 43259 along with all the other endoscopic ultrasound examination codes and all the transendoscopic ultrasound guided biopsy codes.

CPT Code 43263, Endoscopic Retrograde Cholangio-pancreatography (ERCP); With Pressure Measurement of Sphincter of Oddi (Pancreatic Duct or Common Bile Duct)

CPT Code 43265, Endoscopic Retrograde Cholangio-pancreatography (ERCP) With Endoscopic Retrograde Destruction, Lithotripsy of Stone(s), Any Method

CPT Code 43269, Endoscopic Retrograde Cholangio-pancreatography (ERCP); With Endoscopic Retrograde Removal of Foreign Body and/or Change of Tube or Stent

The RUC recommended an increase in work RVUs from 6.19 to 7.29 for CPT code 43263 based on the need to measure pressures in both the biliary and pancreatic sphincters, as well as the need for prolonged postoperative monitoring.

The RUC recommended an increase in work RVUs from 8.9 to 10.02 for CPT code 43265 based on a rank-order anomaly with code 43264 because this procedure is considered to be more time-consuming and complex than CPT code 43264.

The RUC recommended an increase in work RVUs from 6.04 to 8.21 for CPT code 43269 based on a rank-order anomaly between this code and CPT code 43268.

Comment: We received comments on these three codes from several organizations representing gastroenterologists. It was their position that these codes were commonly performed, undervalued procedures and that the survey data the organizations provided justify the increase in RVUs. We disagreed and proposed to maintain the current work RVUs for these three codes.

Response: We have reviewed the codes and compared their intraservice times to other similar procedures and have decided to accept the RUC recommendations.

CPT Code 44388, Colonoscopy Through Stoma; Diagnostic With or Without Collection of Specimen(s) by Brushing or Washing (Separate Procedure)

CPT Code 44389, Colonoscopy Through Stoma; With Biopsy, Single or Multiple

CPT Code 44390, Colonoscopy Through Stoma; With Removal of Foreign Body

CPT Code 44391, Colonoscopy Through Stoma; With Control of Bleeding, any Method

CPT Code 44392, Colonoscopy Through Stoma; With Removal of Tumor(s), Polyp(s), or Other Lesion(s) by Hot Biopsy Forceps or Bipolar Cautery

CPT Code 44393, Colonoscopy Through Stoma: With Ablation of Tumor(s), Polyp(s), or Other Lesion(s) Not Amenable to Removal by Hot Biopsy Forceps, Bipolar Cautery or Snare Technique

These 6 codes are in the same family, and the RUC recommended an increase for each code in this family primarily because it felt that the base CPT code, 44388, should be valued the same as CPT code 45378, diagnostic colonoscopy, at 3.7 work RVUs. The RUC also recommended that the values for the other codes in this family be increased to maintain their relativity to CPT code 44388. We disagreed and proposed to maintain the current work RVUs for all codes in this family.

Comment: We received comments from several societies representing gastroenterologists who commented that, although performing a colonoscopy through a stoma involves less physician work than performing a standard colonoscopy, they believed that performing a colonoscopy through a stoma is more technically challenging than performing a standard colonoscopy.

Response: We disagree with valuing the performance of a colonoscopy through a stoma identically to performing a standard colonoscopy. We feel the proposed valuation creates a series of rank-order anomalies. Consequently, we will finalize our proposal to maintain the current RVUs for this family of codes. In addition to determining that the RUC recommendation for the base code 44388 was incorrect, we note that the RUC recommendations create increments of work for performance of ''biopsy, single or multiple,'' ''control of bleeding, any method,'' ''removal of tumors,'' and ''ablation of tumors'' during a colonoscopy through a stoma, which are inconsistent with the same increments for the complete colonoscopy family of codes that begins

with code 45378. We note that, in addition to gastroenterologists, general surgeons and colorectal surgeons perform these procedures. Therefore, if the RUC reconsiders the work values of these codes, we believe that information should be obtained from all physicians who perform these services.

CPT Code 45380, Colonoscopy, Flexible Proximal to Splenic Flexure; With Biopsy, Single or Multiple

The RUC recommended an increase in work RVUs from 3.98 to 4.44 for this CPT code, based on the increased number of biopsies generally taken during this procedure and the increased difficulty in removing these polyps. We disagreed and proposed to maintain the current work RVUs for this service.

Comment: We received comments from several societies representing gastroenterologists who commented that work increments for performing biopsies at different sites within the gastrointestinal tract are different. Furthermore, the societies believe that the incremental work of biopsy procedures performed by different specialties (for example, gastrointestinal endoscopic biopsies and tracheobronchial endoscopic biopsies) need not be valued identically. They also note that even though this code is reported for both single and multiple biopsies, the ''typical'' patient usually has multiple biopsies performed.

Response: We have reviewed these comments and compared the intraservice time of this code to the intraservice time of other similar procedures. We have decided to accept the RUC recommendation. However, CMS believes the best approach to accurately value gastrointestinal endoscopy biopsy procedures is to evaluate all the biopsy procedures in the gastrointestinal tract. This would provide the opportunity to establish the correct incremental work RVUs and avoid creating rank-order anomalies. Therefore, we will make the work values for CPT code 43239 (as indicated earlier) and 45380, interim until we receive further recommendations from the RUC regarding the entire spectrum of gastrointestinal biopsy procedures.

9. Conscious Sedation

Comment: The American Academy of Family Physicians indicated that the RUC has appointed an ad hoc workgroup to review the issue of conscious sedation, including identifying codes where conscious sedation is not inherently included as a component of the physician work. It recommended that, when the workgroup and RUC complete this review, we allow separate reporting and payment for CPT codes 90141 and 90142 in conjunction with the identified codes. The AMA and the RUC also referred to the newly formed workgroup in their comments, and the AMA urged us to work with the RUC and the CPT to reach a solution on the coding and payment issues surrounding conscious sedation.

Response and Final Decision: We welcome suggestions on this issue from both the coding and payment perspective. When the workgroup review of these issues is complete, we will evaluate any recommendations we receive for the development of any future proposals.

10. Pulmonary Medicine/Critical Care

We received no comments on these codes. Therefore, we will finalize the proposed work RVUs for the pulmonary medicine and critical care codes.

11. Cardiology

CPT Code 93350, Transthoracic Echocardiography

Comment: The American College of Cardiology expressed appreciation of our acceptance of the RUC recommendation to increase the work RVUs for this code.

Response and Final Decision: We are finalizing the proposed RVUs for CPT code 93350 and maintaining the work values for the other 2 CPT codes, 32234 and 32235, as discussed in the proposed notice.

12. Pediatrics

CPT Code 36400 (Venipuncture Under Age 3 Years; Femoral, Jugular or Sagittal Sinus) and CPT Code 36405 (Venipuncture, Under Age 3 Years, Scalp Vein)

Comment: The American Academy of Pediatrics (AAP) disagreed with our recommendations for CPT codes 36400 and 36405. The RUC recommended work RVUs of .38 and .32, respectively. We proposed that the work RVUs remain unchanged at .18 for each code. We do not believe it is appropriate to compare the work RVUs of a venipuncture to the work of an evaluation and management service. The AAP pointed out that the work involved in providing a venipuncture to a patient under age 3 is more intense than it has been in the past.

Response: Based on the comments received, we referred this code to a multispecialty refinement panel for review.

Final decision: As a result of our analysis of the multispecialty refinement panel ratings, we are increasing the work RVUs for CPT code 36400 to 0.38 and also increasing the work RVUs for CPT code 36405 to 0.31.

13. Pediatric Surgery

CPT Code 39503 (Repair, Neonatal Diaphragmatic Hernia, With or Without Chest Tube Insertion and With or Without Creation of Ventral Hernia) and CPT Code 49605 (Repair of Large Omphalacele or Gastroschisis; With or Without Prosthesis)

Comment: The AAP and the American Pediatric Surgical Association (ASPA) recommend that codes 39503 (Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia), and 49605 (Repair of large omphalacele or gastroschisis; with or without prosthesis) receive interim values of 95 and 76, respectively, until the issue of critical care in the postoperative period is resolved. We had proposed to maintain the current work RVUs of 37.54 and 24.94, respectively, as interim 2002 work values and asked the RUC to resubmit recommendations for work RVUs for CPT codes 39503 and 49605 with either a 000 or 010 global period. As an option, pending resolution of the critical care issue, the APSA recommended that the interim work values for CPT codes 39503 and 49605 be 46.35 and 30.14, respectively.

The RUC agreed that the physician work in the postoperative period caring for these seriously ill neonates was significant and required the services of both surgeon and the neonatologist. The RUC requests that CMS treat these codes in the same manner as the other 90-day global codes that include extensive postoperative care.

Response: Upon further review, we agree with the RUC's recommendation and will establish the work values for CPT codes 39503 and 49605 at 95 and 76 units, respectively.

14. Radiology

CPT Code 76090, Mammography; Unilateral and CPT Code 76091 Mammography; Bilateral

Comment: The American College of Radiology (ACR) requested that CMS increase the work RVUs for unilateral mammography, that is, CPT code 76090, from the proposed .70, to .93 and for bilateral mammography, that is, code 76091, from the proposed .87, to 1.10. The ACR believes these values, which are the median survey values, more accurately reflect the work involved with these two procedures. The ACR points out that there is a significant amount of physician time associated

with reviewing the results with these anxious patients and complying with the mandatory Mammography Quality Standards Act requirements.

The ACR commented that the chart at 66 FR 31045 of the June 8, 2001 proposed rule indicates that CPT code 76005 had a RUC recommendation of 10.60. However, that column should read .60.

The ACR also took exception to the requested work RVUs reported in the chart at 66 FR 31045 for codes 76065, 76090 and 76091. The chart displayed requested work RVUs of .60 for 76065, .64 for 76090, and .76 for code 76091. The ACR asked that the chart be corrected to reflect the actual requested work RVUs for each code. These corrected values, based on the median survey values, are .70 for CPT code 76065, .93 for 76090, and 1.10 for CPT code 76091.

Response: Based on the comments received, we referred these codes to a refinement panel for review. We regret the error in the chart concerning the requested work RVUs.

Final decision: As a result of our analysis of the multispecialty panel ratings, we are retaining the work RVU of 0.70 for CPT code 76090 and 0.87 for CPT code 76091, the work RVUs we proposed in the June 8 proposed rule.

CPT Code 76092, Screening Mammography, Bilateral Two View Film Study of Each Breast

In addition, we had requested the RUC to review the work RVUs for code 76092 (Screening mammography, bilateral two view film study of each breast). In its comments on the June 8, 2001 proposed rule, the RUC indicated it had placed this issue on the September 2001 meeting agenda and would provide recommendations to us following that meeting. The September meeting had to be cancelled and the issues to be addressed at that meeting will be discussed at the first meeting early next year. Therefore, we are finalizing the current RVUs for this code.

15. Plastic Surgery

We received no comments on these codes. Therefore, we will finalize the proposed work RVUs for the plastic surgery codes.

B. Other Comments

1. Anesthesia Services

In our June 8, 2001 proposed rule (66 FR 31065), we stated that the American Society of Anesthesiologists (ASA) contended that the work of anesthesia services is undervalued and, based on discussions with the RUC, the ASA requested a 24 percent increase in anesthesia work. However, the RUC furnished no recommendation on anesthesia services; instead, it assigned to a newly created workgroup the responsibility for reviewing anesthesia services in the context of the physician fee schedule. We indicated that the ASA will be working with this workgroup on clinical issues, such as induction and postinduction intensity, and did not propose any changes to the anesthesia CF at this time to reflect the 5-year review of physician work for anesthesia services. However, we did indicate that we might make changes in response to recommendations the RUC may provide.

Comment: Many individual anesthesiologists commented that their services are undervalued. The American Society of Anesthesiologists also commented that its services are undervalued and asked that we accept the results of the first RUC workgroup (weighted average increase of 26 percent on representative codes) and extrapolate this to all anesthesia codes. We also received letters from individuals indicating that anesthesia services are undervalued.

In its comments, the RUC stated that it had not come to an agreement on extrapolating the results of the work of the 19 studied anesthesia codes to all anesthesia codes. The RUC agreed that the five quintiles for postinduction anesthesia and the examples associated with each quintile were appropriate. The RUC also examined the intensity values assigned to each quintile and made adjustments to the intensity values based on comparisons to evaluation and management codes and critical care services. It agreed to the following values—.224 for Level 1; .031 for Level 2; .051 for Level 3; .070 for Level 4; and .085 for Level 5.

The RUC approved the following intensity factors for the induction period—.067 for induction of general anesthesia; .067 for induction of spinal and epidural anesthesia; and .051 for induction of regional anesthesia.

Although the RUC recommended acceptance of the building block work values for the 19 codes studied, it did not resolve issues related to how often anesthesiologists provide the retrobulbar bloc for code 00142 and agreed that the distribution of postinduction time among the quintiles should be reviewed in more detail after it receives more input from surgical specialties.

Response and final decision: The RUC has informed us that it will continue to look at anesthesia work beginning at its first meeting in CY 2002. We will review the RUC recommendation and address anesthesia work in next year's proposed physician fee schedule rule.

2. Spine Injection Procedures

We received no comments on these codes. Therefore we will finalize the proposed work RVUs for the spine injection procedure codes.

3. Biofeedback

We received no comments on these codes. Therefore, we will finalize the proposed work RVUs for the biofeedback codes.

4. Surgical Management of Burn Wounds

We received no comments on these codes. Therefore, we will finalize the proposed work RVUs for the codes involving surgical management of burn wounds.

5. Transplantation

We received no comments on these codes. Therefore, we will finalize the proposed work RVUs for the transplantation codes.

6. Arthroscopy Services

We received no comments on these codes. Therefore, we will finalize the proposed work RVUs for the arthroscopy service codes.

7. Wheelchair Management

We received no comments on these codes. Therefore, we will finalize the proposed work RVUs for the wheelchair management codes.

8. Psychological Testing

We received no comments on these codes. Therefore, we will finalize the proposed work RVUs for the psychological testing codes.

9. Podiatric Services

In our June 8, 2001 proposed notice (66 FR 31067), we stated the American Podiatric Medical Association (APMA) submitted 5 codes (trim skin lesions/trim nails) for review (11719, 11055, 11056, 11057, and G0127) and that the HCPAC requested we review our current utilization data to ensure that the original utilization assumptions were correct. The HCPAC recommended that the current review of data should be based on actual 1999 utilization data since these codes were not fully implemented until April 1, 1998. We stated that we would review the utilization data associated with the aforementioned codes to ensure the original assumptions are still correct and that we would publish our decision in the final rule.

Comment: The APMA was pleased that we would review the utilization data; however, it indicated that the work RVUs should not be revised based on current utilization. It recommended that we accept the original RUC recommendations since these values were based on the results of surveys of practicing podiatrists that were considered and approved by the RUC.

Response and final decision: Based on our review of the data and the APMA recommendation that we accept the original RUC recommended values, we are increasing the work values for these services as follows:

- *CPT code 11719, Trimming of nondystrophic nails, any number*, a work RVU of 0.17.
- *CPT code 11055, Paring or cutting of benign hyperkeratotic lesion (for example, corn or callus) single lesion*, a work RVU of 0.43.
- *CPT code 11056, two to four lesions*, a work RVU of 0.61.

CPT code 11057, more than four lesions, a work RVU of 0.79 .

For *HCPCS code G0127, Trim nails*, while we did not receive a RUC recommendation on this code (since we created the code), we are increasing the work RVU to 0.17 to be consistent with the increase made to CPT code 11719.

D. Other Issues

1. Critical Care Services in a Global Period

The June 8, 2001 proposed rule included a discussion on critical care services (66 FR 31067–68). We stated that current Medicare policy allows separate payment to the surgeon for postoperative critical care services during the surgical global period only when the patient has suffered trauma or burns. If the surgeon provides critical care services during the global period, for reasons unrelated to the surgery, that is separately payable as well. However, the approach the RUC used for the 5-year review had previously been used to validate postoperative work. That approach compared the work of a postoperative intensive care unit visit by the surgeon to code 99291, *Critical care, evaluation and management of the critically ill or critically injured patient, first 30–74 minutes*, which is valued at 4.00 work RVUs, rather than comparing a level three subsequent hospital visit (code 99233), which is valued at 1.51 work RVUs).

We indicated that valuing the surgeon's postoperative intensive care unit visits as critical care services had raised a number of issues that could require a change in payment policy to ensure that postoperative critical care is appropriately paid. In order to ensure that we make appropriate payments to physicians furnishing postoperative critical care services to Medicare beneficiaries, we specifically solicited information and comments on several questions and issues. We also proposed that the work RVUs for those surgical codes where any postoperative intensive care unit visits were valued as critical care remain interim, until we address the issues discussed above.

Many individual physicians, specialty societies, and health benefit programs provided comments and addressed the points we had outlined in the proposed notice. We appreciate their responses and will carefully review this information as we determine whether to make a future proposal.

2. Budget Neutrality

As explained in the proposed rule published June 8, 2001 (66 FR 31068–69), section 1848(c)(2)(B)(ii)(II) of the Act requires that increases or decreases in RVUs may not cause the amount of expenditures for the year to differ by more than $20 million from what expenditures would have been in the absence of these changes. If this threshold is exceeded, we make across-the-board adjustments to preserve budget neutrality. Based on the proposed changes in work RVUs, we indicated that budget-neutrality adjustments would be required. We proposed to reduce the conversion factor to meet the budget neutrality requirement, rather than applying a reduction to all work RVUs. We also indicated that revisions in payment policies, including the establishment of interim and final RVUs for coding changes contained in a separate proposed rule, might result in additional budget-neutrality adjustments.

Comment: The American Academy of Family Physicians, American College of Radiology, American College of Physicians, American Society for Internal Medicine, and the American Medical Association Specialty Society RVUs Update Committee indicated that they supported our proposal to maintain budget neutrality by adjusting the conversion factor.

Response and final decision: We will proceed with our proposal to maintain budget neutrality by adjusting the conversion factor.

V. Refinement of Relative Value Units for Calendar Year 2002 and Responses to Public Comments on Interim Relative Value Units for 2001

A. Summary of Issues Discussed Related to the Adjustment of Relative Value Units

Section V.B of this final rule describes the methodology used to review the comments received on the RVUs for physician work and the process used to establish RVUs for new and revised CPT codes. Changes to codes on the physician fee schedule (Addendum B) are effective for services furnished beginning January 1, 2002.

B. Process for Establishing Work Relative Value Units for the 2002 Fee Schedule and Clarification of CPT Definitions

Our November 1, 2000 final rule on the 2001 physician fee schedule (65 FR 65376) announced the final work RVUs for Medicare payment for existing procedure codes under the physician fee schedule and interim RVUs for new and revised codes. The RVUs contained in the rule applied to physician services furnished beginning January 1, 2001. We announced that we considered the RVUs for the interim codes to be subject to public comment under the annual refinement process. In this section, we summarize the refinements to the interim work RVUs that have occurred since publication of the November 2000 final rule and our establishment of the interim work RVUs for new and revised codes for the 2002 fee schedule.

1. Work Relative Value Unit Refinements of Interim and Related Relative Value Units

a. Methodology (Includes Table 5, Refinements of the 2001 Interim Work Relative Value Units)

Although the RVUs in the November 2000 final rule were used to calculate 2001 payment amounts, we considered the RVUs for the new or revised codes to be interim. We accepted comments for a period of 60 days. We received substantive comments from many individual physicians and several specialty societies on 52 CPT codes with interim work RVUs. Only comments on codes listed in Addendum C of the November 2000 final rule were considered.

We used a process similar to the process used in 1997 to address substantive comments. (See the October 31, 1997 final rule on the physician fee schedule (62 FR 59084) for the discussion of refinement of CPT codes with interim work RVUs.) We convened

a multispecialty refinement panel of physicians to assist us in the review of the comments. The comments that we did not submit to panel review are discussed at the end of this section, as well as those comments that were reviewed by the panel. We invited representatives from each of the specialty societies from which substantive comments were received to attend a panel for discussion of the codes on which they had commented. The panel was moderated by our medical staff and consisted of the following voting members:

- One to two clinicians representing the commenting specialty or specialties, based upon our determination of those specialties which are most identified with the service(s) in question. Although commenting specialties were welcome to observe the entire refinement process, they were *only* involved in the discussion of those services for which they were invited to participate.
- Two primary care clinicians nominated by the American Academy of Family Physicians and the American Society of Internal Medicine.
- Four carrier medical directors.
- Four clinicians with practices in related specialties, who were expected to have knowledge of the services under review.

The panel discussed the work involved in each procedure under review in comparison to the work associated with other services on the fee schedule. We assembled a set of reference services and asked the panel members to compare the clinical aspects of the work of services they believed were incorrectly valued to one or more of the reference services. In compiling the set, we attempted to include—(1) services that are commonly performed whose work RVUs are not controversial; (2) services that span the entire spectrum from the easiest to the most difficult; and (3) at least three services performed by each of the major specialties so that each specialty would be represented. The set contained approximately 300 services. Group members were encouraged to make comparisons to reference services. The intent of the panel process was to capture each participant's independent judgement based on the discussion and his or her clinical experience. Following each discussion, each participant rated the work for the procedure. Ratings were individual and confidential, and there was no attempt to achieve consensus among the panel members.

We then analyzed the ratings based on a presumption that the interim RVUs were correct. To overcome this presumption, the inaccuracy of the interim RVUs had to be apparent to a broad range of physicians participating in the panel.

Ratings of work were analyzed for consistency among the groups represented on the panel. In general, we used statistical tests to determine whether there was enough agreement among the groups of the panel, and whether the agreed-upon RVUs were significantly different from the interim RVUs published in Addendum C of the November 2000 final rule. We did not modify the RVUs unless there was a clear indication for a change. If there was agreement across groups for change, but the groups did not agree on what the new RVUs should be, we eliminated the outlier group and looked for agreement among the remaining groups as the basis for new RVUs. We used the same methodology in analyzing the ratings that we first used in the refinement process for the 1993 fee schedule. The statistical tests were described in detail in the November 25, 1992 final rule (57 FR 55938).

Our decision to convene a multispecialty refinement panel of physicians and to apply the statistical tests described above was based on our need to balance the interests of those who commented on the work RVUs against the redistributive effects that would occur in other specialties. Of the 3 codes reviewed by the multispecialty panel, all were the subject of requests for increased values. Of the 3 interim work RVUs that were reviewed, 2 were increased and 1 was unchanged.

We also received comments on RVUs that were interim for 2001, but which we did not submit to the panel for review for a variety of reasons. These comments and our decisions on those comments are discussed in further detail below.

Table 5 lists the interim and related codes reviewed during the refinement process described in this section. This table includes the following information:

- CPT Code. This is the CPT code for a service.
- Descriptor. This is an abbreviated version of the narrative description of the code.
- 2001 Work RVU. The work RVUs that appeared in the November 2000 rule are shown for each reviewed code.
- Requested Work RVU. This column identifies the work RVUs requested by commenters.
- 2002 Work RVU. This column contains the final RVUs for physician work.

TABLE 5.—REFINEMENT OF 2001 INTERIM WORK RELATIVE VALUE UNITS

[1] CPT code	Descriptor	2001 work RVU	Requested work RVU	2002 work RVU
19102	Bx breast percut w/image	2.00	2.73	2.00
19103	Bx breast percut w/device	2.37	5.55	3.70
22522	Percutaneous vertebroplasty, addl	3.00	4.31	4.31

[1] All CPT codes and descriptions copyright 2002 American Medical Association.

2. Interim 2001 Codes

Stenting Procedures—(CPT Codes 43256, 44370, 44379, 44383, 44397, 45345, 45387, and 45342)

We accepted the RUC recommended increase over the base code of 1.96 work RVUs. Commenters suggested that this increment should be increased to 2.59 work RVUs to reflect the work increase the RUC had recommended for CPT code 43219 (one of the codes used to arrive at this increase) as part of the 5-year review. Additionally, they also commented that the increment for the pre-dilation service should be from the dilation of gastric outlet in connection with an upper GI as opposed to the esophagoscopy code. Finally, commenters did not believe that these services should be subject to ''within family work neutrality adjustments'' (see *Final Decision* below) and instead believed that any increase in total RVUs should be addressed through the SGR or conversion factor. They felt that these stent placements are new technology and should not be viewed as code splitting/unbundling of services. They stated that stent placements have only been performed over the last 4–5 years and any work associated with them is

not reflected in current work values for endoscopic codes.

Final decision: ''Within family work neutrality adjustments'' are used for new or revised services that are not considered new technologies. To achieve work neutrality within families of services, we compare the new or revised work RVUs (weighted by projected frequency) to the old work RVUs (weighted by actual frequency) to ensure that additional RVUs have not been added based on fragmentation of existing codes. We agree with the commenter that these services are new technologies and thus should not be subject to within family work neutrality adjustments. With regard to the final work value for CPT code 43219 and the use of dilation and stent placement codes in assigning a work value to 43219, please see our discussion elsewhere in this rule.

Cryosurgical Ablation of the Prostate—CPT Code 55873

We agreed with the RUC recommended work RVU for CPT code 55873 as we felt that the comparison to CPT code 55801, Prostatectomy, perineal, subtotal, was appropriate to aid in setting the work RVU of CPT code 55873. One commenter did not agree that this comparison was appropriate. The commenter indicated that the RUC was being requested to review this service again at its February meeting.

Final decision: The RUC provided comments on interim valued CPT code 55873 that re-visited the appropriate comparison service. Based upon comments received, the final work RVUs for CPT code 55873 will be increased to 19.47.

Percutaneous Vertebroplasty—CPT Code 22522

We disagreed with the RUC-recommended work RVUs of 4.31 for this service. CPT code 22522 is an add-on code that should have no associated pre- or postservice work. We removed the pre- and postservice work from the weighted average of CPT codes 22520 and 22521, which are the base services with which add-on CPT code 22522 should be billed in conjunction, and recalculated the value. Thus, we assigned interim work RVUs of 3.00 for CPT code 22522. Several commenters disagreed and do not believe that our methodology has appropriately valued this add-on service. Commenters felt we should sum the work RVUs of CPT codes 22520 and 22521 and then take 50 percent of this value. They believe that this is how we historically have calculated work RVUs for add-on services. Based on these comments, we referred this code to a multispecialty refinement panel for review.

Final decision: As a result of the statistical analysis of the refinement panel ratings, the final work RVUs are 4.31 for CPT code 22522.

Fetal Biophysical Stress Testing—CPT Codes 76818 and 76819

Although we agreed with the relativity presented by the RUC, we reduced the RVUs for these aforementioned services due to within family work neutrality adjustments. As previously discussed, within family work neutrality adjustments are used to ensure that additional relative values are not added based on fragmentation of existing codes. One specialty organization felt that we inappropriately determined that the work associated with the original CPT code 76818 (CPT code 76819 was added for January 1, 2001), included the average work of both with and without non-stress test. It believes that the survey data presented to the RUC suggest that this assumption is invalid and that the inappropriate within family neutralization of these services creates a rank-order anomaly in this family of codes.

The survey data indicated that CPT code 76818 required more time and greater mental effort than CPT code 76805 (Complete OB ultrasound), which has 0.99 work RVUs, since the ultrasound portion of CPT code 76818, while less extensive, is typically performed in a high-risk situation. In addition, CPT code 76818 also includes CPT code 59025 (Fetal non-stress test) with work RVUs of 0.53. The specialty organization also reported that CPT code 76819 requires more work than CPT code 76815 (Limited obstetric ultrasound) with work RVUs of 0.65. The assignment of 0.86 RVUs to CPT code 76818 and 0.63 RVUs to 76819 creates a rank-order anomaly with this family of obstetric ultrasound procedures.

Final Decision: We agree with the commenter that the within family neutrality adjustment we made for 2001 was not appropriate and created a rank-order anomaly within this family of services. We will remove the neutrality adjustments for January 1, 2002.

Cognitive Skills and Sensory Integrative Techniques—CPT Codes 97532 and 97533

We did not agree with the HCPAC recommendation for CPT codes 97532 and 97533 (work RVUs of 0.51 and 0.48, respectively). These two new services were created to replace deleted CPT code 97770. We believed that the work associated with these new services is analogous to deleted CPT code 97770 and therefore, we assigned work RVUs of 0.44 (the value assigned to the deleted code) to these new replacement codes. Commenters felt that assignment of this work value was arbitrary on our part, particularly since the HCPAC information had been based on information from a survey completed by the practitioners who provide these services.

Final Decision: We disagree with the commenters and are finalizing the interim work values. This is an example of replacing one CPT code with two new CPT codes that describe identical work. Because there is no new technology involved, we will finalize the interim work RVUs.

Wound Care CPT Codes

Absent a HCPAC recommendation for either of the aforementioned CPT codes, we valued the work of CPT code 97601 as 0.50 RVUs, the same as deleted service G0169 that described the work in the new code. We considered CPT code 97602 to be bundled into CPT code 97601 and therefore did not establish work RVUs for this service. Commenters believed that we inappropriately bundled CPT code 97602 into 97601 since they represent distinct services. The commenters requested that we reconsider bundling CPT code 97602.

Final Decision: We have re-examined our determination but have not changed our decision. CPT code 97602 describes services that typically involve placement of a wound covering, for example, wet-to-dry gauze or enzyme-treated dressing. It also includes nonspecific removal of devitalized tissue that is an inherent part of changing a dressing. This service is already included in the work and practice expenses of CPT code 97601. In the typical service described by 97601, the patient has a dressing placed over the wound. We would add that the services described by 97602 are also included in the work and practice expenses of the whirlpool code, CPT 97022. For this reason, we consider this a bundled service that is not paid separately.

Percutaneous Breast Biopsy—CPT Codes 19102 and 19103

We agreed with the RUC recommended work RVUs of CPT codes 19102 (RVU = 2.00) and 19103 (RVU = 2.37). Commenters believed that the work RVUs assigned to these codes were inappropriately low and did not accurately reflect the time and intensity of the work involved. Commenters supplied information to support their request for increasing the work RVUs for

these services. Based on these comments, we referred this code to a multispecialty refinement panel for review.

Final decision: As a result of the statistical analysis of the multispecialty refinement panel ratings, the final work RVUs for CPT code 19102 are 2.00, and the final work RVUs for CPT code 19103 are 3.70.

Magnetic Resonance Imaging Procedures—CPT codes 70540, 70542, 70543, 71550, 71551, 71552, 72195, 72196, 72197, 73218, 73219, 73220, 73221, 73222, 73223, 73718, 73719, 73720, 73721, 73722, 73723, 74181, 74182, and 74183

We received a RUC recommendation for only 3 of these codes (*70540, 70542, 70543*) for January 1, 2001. However, this recommendation did not reflect the required within family work neutrality adjustment. The work RVUs of 0.98, 1.17, and 1.56 were assigned to these services to ensure that there would not be additional work RVUs introduced into the system. We did not receive work recommendations or utilization data for any of the other new MRI codes and assigned work RVUs for these other codes based on the methodology outlined in the November 2000 final rule.

Commenters expressed concern about the within family work neutrality adjustment applied to the RUC-recommended work RVUs, and the methodology that was used to establish work values for the other MRI procedures. Commenters requested that we re-evaluate the within family work neutrality adjustment based upon updated information supplied in their respective comments.

Final decision: We are accepting the work values for these services which were submitted by the RUC in its comment on the interim work values we assigned in last year's final rule. We note that these work values are virtually identical to the work values that we assigned as interim last year. Based upon comments received, we have re-evaluated the utilization crosswalks upon which our within family work neutrality adjustments were based.

Since 2001 is the first year for which actual data is available for these services, we used available data (first two quarters of 2001) to capture the actual utilization of these new services. This utilization was then subjected to a standard analysis of reporting trends to estimate the completion percentage of 2001 utilization data. The available utilization was then ''aged'' to represent one full year of data for 2001. After determining the utilization for 2001, we applied this revised within family work neutrality adjustment across the entire family of MRI procedures rather than applying this adjustment to subsets. We are finalizing these within family work neutral values and note that the re-calculation of this neutrality adjustment results in increases to the work RVUs of the MRI services referenced above.

Computed Tomographic Angiography (CTA)—CPT Codes 70496, 70498, 71275, 72191, 73206, 73706, 74175 and 75635

We agreed with the RUC recommendation of 1.75 for CPT codes 70496 and 70498 for January 1, 2001. However, the RUC did not submit work recommendations for the other CTA codes. We assigned work RVUs for these other codes based on the methodology outlined in the November 2000 rule. Commenters disagreed with the interim values we had proposed for CTA codes and provided additional information for valuing these services. The commenter felt that our decisions created rank-order anomalies between anatomic sites.

Final decision: We are accepting the work values for these services which were submitted by the RUC in its comment on the interim work values we assigned in last year's final rule. We will implement them as final values for 2002.

Practice Expense Refinements of 2001 Interim and Revised RVUs

Percutaneous Breast Biopsy—CPT Codes 19102 and 19103

Comment: A specialty organization representing breast surgeons submitted its suggested direct cost inputs for these two services and had several comments on their practice expenses. The commenter indicated that the price in the database for the biopsy driver was too low, that the clinical staff type should be a registered nurse rather than a technician and that there should be pre- and postservice clinical staff time when the procedure is performed in the facility setting. In addition, the commenter questioned whether the 50 percent utilization rate used to price equipment was realistic for new technology and recommended that device-specific utilization rates be determined. The society also questioned the lack of direct cost inputs for equipment and supplies for CPT 76095, the associated procedure for image guidance. A manufacturer commented that the equipment inputs for CPT 19102 were erroneously dropped from the CPEP database.

Response: We had accepted the RUC recommendations on these two services, making only the following technical changes to the supplies and equipment: we did not include the cost of the crash cart, because we consider this an indirect expense, nor the cost of the biopsy gun handle, because this was less than the $500 required for an item to be on the equipment list. We also did not include separately billable fluids, the formalin that would be supplied by the lab, or the biohazard bag and skin marking pen that could be used for more than one procedure.

If the specialty that was involved in the presentation of these codes to the RUC now believes that the direct inputs do not adequately represent the costs of performing these services, one option would be to have these codes refined by the PEAC. In the meantime, we are prepared to make certain changes to the CPEP data in response to the recommendations made by the commenters. We will add the power table and surgical lamp to both codes and will increase the price associated with the biopsy device driver, subject to verification when we undertake our repricing of the CPEP equipment inputs. Because the specialties presenting the codes to the RUC, and the RUC itself, recommended using radiologic staff for these services, we will not change the staff type to registered nurse at this time. However, we will substitute the higher-paid mammography technologist, which we have just added to our staff type list, for the current x-ray technician staff type.

We have in the past solicited information from the specialties regarding equipment-specific utilization rates, but we have never received sufficient information to propose any changes in our policy. Additionally, for most services, changing the utilization rate would have very little effect.

The commenter is correct that the associated procedure for image guidance, CPT 76095, currently does not have CPEP inputs assigned to the non-facility setting. However, at this time, it is priced as a part of the ''zero work'' pool, and the CPEP inputs are not used to calculate the practice expense RVUs for this service. We would hope that this code could be refined in the near future and given the appropriate inputs for the office setting.

CPT Codes 34812, 34820, 34830, 34831 and 34832 for Repair of Aortic Aneurysm

Comment: A specialty organization representing vascular surgery stated that CPT codes 34812 and 34820 should have clinical staff preservice time added and that CPT codes 34830, 34831 and

34832 were assigned inappropriately low postservice clinical staff times.

Response: We accepted the RUC recommendations for all of these services. There was no preservice time included in the RUC recommendation for CPT codes 34812 and 34820. In addition, we have assigned 99 minutes of clinical staff postservice time to CPT codes 34830, 34831 and 34832, as recommended by the RUC. These codes can be refined by the PEAC which now has a standard package for 90-day global pre- and postservice times for clinical staff and is also discussing the coordination of care clinical staff times for 0-day global services.

We received the following comments on HCPCS codes established in the November 1, 2000 final rule.

• G0169 Removal of Devitalized tissue, without use of anesthesia.

Comment: The American Podiatric Medical Association recognized that, effective January 1, 2001, this code was eliminated and we have adopted CPT code 97601, which is sufficiently similar to the services described by G0169. However, it requested we address a policy issue related to the discussion of this service. In the November 2, 1999 **Federal Register** (64 FR 59426), we stated that G0169 was created because CPT codes 11040 through 11044 for debridement were created to describe ''complex surgical services requiring the use of general anesthesia.'' APMA indicates that there had never been a policy requiring the use of *any* anesthesia, much less general anesthesia, when performing surgical debridement that is reported with CPT codes 11040 through 11044. However, as a result of the statement in the November 2 **Federal Register**, some carriers developed policies denying payment for these codes if anesthesia was not used. The APMA urged us to clarify that anesthesia, whether general or local, is not required when billing CPT codes 11040 through 11044.

Response: We acknowledge that the use of ''general anesthesia'' in the preamble to the November 2, 1999 rule was an error, and we believe all our contractors are aware of our misstatement. As the commenter stated, the code G0169 has been deleted and replaced by CPT code 97601, *Removal of devitalized tissue from wound(s); selective debridement, without anesthesia (e.g., high pressure waterjet, shape selective debridement with scissors, scalpel, and tweezers) including topical application(s), wound assessment, and instruction(s) for ongoing care, one session.* We expect that our contractors will develop policies to distinguish this service from the debridement codes, 11040 through 11044. We anticipate that they may consider a variety of factors, including the extent of the debridement and the amount of medical skill required to perform the service, and not simply whether a local anesthetic was used in the procedure.

Comment: The American College of Surgeons urged us to issue instructions to carriers specifying that the use of CPT code 97061 is limited to physical therapists and other non-physician practitioners and that the debridement of wounds by surgeons is properly reported with a code from the CPT debridement codes 11040–11044.

Response: As we stated in the response to the previous comment, we believe that our contractors are likely to make this distinction in their local policies. If we determine that relying on local carrier policies is unsatisfactory, then we will consider whether national guidance is needed.

• *G0181 and G0182, Care plan Oversight.*

Comment: A few organizations expressed disappointment that we finalized our proposal to establish two new G codes for care plan oversight services, rather than continue to recognize the CPT codes related to these services.

Response: The CPT codes for care plan oversight were modified so that they included services that extend beyond the limits of our current payment policy. As a result, we will continue to use the G-codes that are consistent with our payment policies.

• *G0180 and G0179 Certification and Recertification of Medicare Covered Home Health Services.*

Comment: Several specialty organizations expressed appreciation for our willingness to recognize and compensate physicians for these services and supported our decision to pursue this coding and reimbursement issue through the CPT and RUC processes. The American College of Surgeons expressed concern that claims submitted by surgeons for physician certification or recertification would be denied inappropriately due to longstanding rules that preclude payment for services that are provided during the global period.

Response: As was stated in the November 1, 2000 final rule (66 FR 65408), surgeons performing these services could be paid for G0179 and G0180 during the global period. We have heard no specific complaints that this policy has not been implemented appropriately.

G Codes Related to Swallowing Function

Comment: The American College of Surgeons objected to the creation of these G codes and requested that we discontinue their use and work with the otolaryngologists to submit a coding request on these services to the CPT Editorial Panel. The American Academy of Otolaryngology—Head and Neck Surgery, Inc. (AAO–HNS) also expressed concern about creation of these codes. It felt that our description of the codes was incomplete and inaccurate.

In the November 1, 2000 final rule we proposed 4 new G codes and stated that these would replace the more general CPT code 92525, *Evaluation of swallowing and oral function for feeding.* AAO–HNS believes that this incorrectly implies that the single code 92525 includes 4 unique services and, therefore, we have significantly understated the work and practice expenses required for these procedures.

For *G0193, Endoscopy study of swallowing function, and GO194 Sensory testing during endoscoping study of swallowing,* we stated that coverage of these services remains at the discretion of the carrier and that they would be carrier priced. AAO–HNS expressed concern that carriers might misinterpret this statement to mean the codes should not be covered and, if covered, the payment might be inappropriately low. AAO–HNS requested we clarify that these services should be covered and recommended that pricing for GO193 should equal to the sum of the RVUs for CPT code 31575, *Laryngoscopy, flexible fiberoptic; diagnostic,* and CPT code 92525.

AAO–HNS also did not agree with our decision to treat G0194 as an ''add-on'' code as this group felt this would create confusion. Rather, AAO–HNS suggested that GO194 be treated as a stand-alone code with RVUs equal to CPT codes 31575, 92525 and 92520 (*Laryngeal function studies*).

In addition, AAO–HNS was concerned about our statement that CPT code 31575 and CPT code 31579 (*Laryngoscopy, flexible or rigid fiberoptic, with stroboscopy*) should not be used for evaluations of swallowing and urged that we clarify that these codes could still be used to report flexible fiberoptic laryngosopies for patients with swallowing problems.

Response: These G codes related to swallowing function were created because of the ambiguity of the CPT code, 92525. The CPT editorial panel will be reviewing codes designed to substitute for the G-codes created. The specialty advisors, including AAO–

HNS, will have the opportunity to comment on these proposals and to create codes that they believe will describe the services more accurately. If the CPT editorial panel adopts these revised codes, they could be in the 2003 CPT book.

Comment: The American Occupational Therapy Association stated that in the specific discussion of code GO195, and by implication the related codes, we stated these services are performed typically by a speech and language pathologist. While AOTA does not disagree with this characterization, it requested that we clarify that other professionals, specifically occupational therapists, also may be trained in these procedures. It noted that in some areas of the country occupational therapists typically perform swallowing evaluations, particularly in conjunction with feeding and eating deficits.

Response: These G codes did not specify which professionals could perform these services. The description of the new G codes only stated that these services would be most commonly performed by speech and language pathologists. Our contractors, who have the capacity to be responsive to local differences in practice patterns, will be aware of whether occupational therapists have the qualifications to perform these evaluations and will make the decisions about whether the service performed matches the services described by the code.

Comment: The American College of Radiology requested clarification on the specialties we anticipate using G0196; they asked if this G code would be used by the speech pathologist while the radiologist would use CPT code 74230. ACR expressed concern that provision of such a G code would promote performance of fluoroscopy by non-trained individuals.

Response: We do not believe that the development of these G codes should lead to non-trained individuals performing fluoroscopy. Prior to the development of the G codes, we were asked by speech and language pathologists if they could bill 74230 to describe the work they did in conjunction with a fluoroscopic or video evaluation of swallowing. We did not think that the speech and language pathologists should bill the code 74230 and created this G code to describe the portion of the examination that they typically performed.

We were also asked whether the services of a speech and language pathologist should have remained bundled into the technical portion of the 74230 examination, because this may have been the method of billing these services prior to the development of the G code. Because this new G code separates the services of the speech and language pathologists in this examination, we may need to clarify which services are included in the technical portion of 74230. None of these concerns would lead a non-skilled practitioner to perform either of these services.

G Codes Related to Speech Generating Devices and Voice Prostheses G0197–G0201

Comment: AAO–HNS expressed concern about the establishment of G codes related to speech generating devices and voice prostheses. It continues to believe that the creation of codes used to describe services that are already described in CPT makes compliance with Medicare policy difficult and confusing.

Response: The current CPT codes, 92597 and 92598, identify two distinct services—evaluation or modification of voice prosthetics and augmentative or alternative communicative devices. Since different types of patients require either voice prosthetics (for example, an artificial larynx) or augmentative or alternative communicative devices, we believe that separating these two services through the use of G-codes actually should make compliance with Medicare policies easier, since the services being delivered are more accurately described.

Revisions to Malpractice RVUs for New and Revised CPT Codes for 2001

Malpractice RVUs are calculated using the methodology described in detail at Addendum G of our November 1, 2000 final rule (65 FR 65589). Because of the timing of the release of new and revised CPT codes each year, the malpractice RVUs for the first year of these codes are extrapolated from existing similar codes, based on the advice of our medical consultants, and are considered interim subject to public comment and revision. The following year these codes are given values based on our malpractice RVU methodology and a review of comments received.

The malpractice RVUs for 2001 new and revised codes published in Addendum B of the November 1, 2000 final rule were thus extrapolated from (RVUs for existing similar codes). The malpractice RVUs for these codes in this year's Addendum B were calculated by our consultant, KPMG, using the same methodology used for all other codes. Likewise, the malpractice RVUs for new and revised 2002 codes are being extrapolated from existing similar codes and will be calculated using the malpractice RVU methodology next year.

Comment: One commenter stated that malpractice premiums are rapidly increasing all over the country and that we should ensure that the physician fee schedule reflect these increases.

Response: We agree that changes in malpractice premiums should, to the extent possible, be reflected in the physician fee schedule. The most recent malpractice data available were used in constructing the 2001 malpractice RVUs and the revised 2001 GPCIs. In addition, the relative weights of the component cost shares (work, practice expense, malpractice) in the physician fee schedule and in the MEI are periodically adjusted when the most recent AMA SMS data indicate significant shifts among physician practice cost components. However, because of the time needed to collect the data and propose changes through the rulemaking process, there is a time lag in making these changes.

Establishment of Interim Work Relative Value Units for New and Revised Physician's Current Procedural Terminology (CPT) Codes and New Healthcare Common Procedure Coding System Codes (HCPCS) for 2002 (Includes Table 6, AMA RUC and HCPAC Work RVU Recommendations and CMS Decisions for New and Revised 2002 CPT Codes)

One aspect of establishing RVUs for 2002 was related to the assignment of interim work RVUs for all new and revised CPT codes. As described in our November 25, 1992 notice in the 1993 fee schedule (57 FR 55983), and in section III.B. of our November 22, 1996 final rule (61 FR 59505–59506), we established a process, based on recommendations received from the AMA's RUC, for establishing interim work RVUs for new and revised codes.

This year we received RUC work RVU recommendations for approximately 314 new and revised CPT codes. Our staff and medical officers reviewed the RUC recommendations by comparing them to our reference set or to other comparable services for which work RVUs had been previously established, or to both of these criteria. We also considered the relationships among the new and revised codes for which we received RUC recommendations. We agreed with the majority of these relationships reflected in the RUC values. In some instances, when we agreed with the relationships, we revised the work RVUs to achieve work neutrality within families of codes, that is, the work RVUs have been adjusted so that the sum of the new or revised work RVUs

(weighted by projected frequency of use) for a family will be the same as the sum of the current work RVUs (weighted by projected frequency of use for that family of codes). For approximately 93 percent of the RUC recommendations, proposed work RVUs were accepted, and for approximately 7 percent, we disagreed with the RUC recommendation. In a majority of instances, we agreed with the relativity proposed by the RUC, but needed to decrease work RVUs to retain budget neutrality.

There were also 10 CPT codes for which we did not receive a RUC recommendation. After a review of these CPT codes by our staff and medical officers, we established interim work RVUs for the majority of these services. For those services for which we could not arrive at interim work RVUs, we have assigned a carrier-priced status until such time as the RUC provides work RVU recommendations.

We received 18 recommendations from the Health Care Professionals Advisory Committee (HCPAC). We accepted 12, or 67 percent, of the HCPAC recommendations.

Table 6, AMA RUC and HCPAC Work RVU Recommendations and CMS Decisions for New and Revised 2002 CPT Codes, lists the new or revised CPT codes, and their associated work RVUs, that will be interim in 2002. This table includes the following information:

- A ''#'' identifies a new code for 2002.
- CPT code. This is the CPT code for a service.
- Modifier. A ''26'' in this column indicates that the work RVUs are for the professional component of the code.
- Description. This is an abbreviated version of the narrative description of the code.
- RUC recommendations. This column identifies the work RVUs recommended by the RUC.
- HCPAC recommendations. This column identifies the work RVUs recommended by the HCPAC.
- CMS decision. This column indicates whether we agreed with the RUC recommendation (''agree'') or we disagreed with the RUC recommendation (''disagree''). Codes for which we did not accept the RUC recommendation are discussed in greater detail following this table. An ''(a)'' indicates that no RUC recommendation was provided. A discussion follows the table.
- 2002 Work RVUs. This column establishes the 2002 work RVUs for physician work.

TABLE 6.—AMA RUC AND HCPAC WORK RVU RECOMMENDATIONS AND CMS DECISIONS FOR NEW AND REVISED 2002 CPT CODES

*CPT CODE	Mod	Description	RUC recommendation	HCPAC recommendation	CMS decision	2002 work RVU
10021 #	26	FNA W/O IMAGE	1.27		Agree	1.27
10022 #	26	FNA W/IMAGE	1.27		Agree	1.27
11755		BIOPSY, NAIL UNIT	1.31		Agree	1.31
11981 #		INSERT DRUG IMPLANT DEVICE	1.48		Agree	1.48
11982 #		REMOVE DRUG IMPLANT DEVICE	1.78		Agree	1.78
11983 #		REMOVE/INSERT DRUG IMPLANT	3.30		Agree	3.30
17000		DESTROY BENIGN/PREMAL LESION	0.60		Agree	0.60
17003		DESTROY LESIONS, 2–14	0.15		Agree	0.15
17004		DESTROY LESIONS, 15 OR MORE	2.79		Agree	2.79
17110		DESTRUCT LESION, 1–14	0.65		Agree	0.65
17111		DESTRUCT LESION, 15 OR MORE	0.92		Agree	0.92
17260		DESTRUCTION OF SKIN LESIONS	0.91		Agree	0.91
17261		DESTRUCTION OF SKIN LESIONS	1.71		Agree	1.71
17262		DESTRUCTION OF SKIN LESIONS	1.58		Agree	1.58
17263		DESTRUCTION OF SKIN LESIONS	1.79		Agree	1.79
17264		DESTRUCTION OF SKIN LESIONS	1.94		Agree	1.94
17266		DESTRUCTION OF SKIN LESIONS	2.34		Agree	2.34
17270		DESTRUCTION OF SKIN LESIONS	1.32		Agree	1.32
17271		DESTRUCTION OF SKIN LESIONS	1.49		Agree	1.49
17272		DESTRUCTION OF SKIN LESIONS	1.77		Agree	1.77
17273		DESTRUCTION OF SKIN LESIONS	2.05		Agree	2.05
17274		DESTRUCTION OF SKIN LESIONS	2.59		Agree	2.59
17276		DESTRUCTION OF SKIN LESIONS	3.20		Agree	3.20
17280		DESTRUCTION OF SKIN LESIONS	1.17		Agree	1.17
17281		DESTRUCTION OF SKIN LESIONS	1.72		Agree	1.72
17282		DESTRUCTION OF SKIN LESIONS	2.04		Agree	2.04
17283		DESTRUCTION OF SKIN LESIONS	2.64		Agree	2.64
17284		DESTRUCTION OF SKIN LESIONS	3.21		Agree	3.21
17286		DESTRUCTION OF SKIN LESIONS	4.44		Agree	4.44
20225		BONE BIOPSY, TROCAR/NEEDLE	1.87		Agree	1.87
20526 #		THER INJECTION, CARPAL TUNNEL	0.86		Agree	0.86
20550		INJECT TENDON/LIGAMENT/CYST	0.86		Agree	0.86
20551 #		INJECT TENDON ORIGIN/INSERT	0.86		Agree	0.86
20552 #		INJECT TRIGGER POINT, 1 OR 2	0.86		Agree	0.86
20553 #		INJECT TRIGGER POINTS, 3	0.86		Agree	0.86
23000		REMOVAL OF CALCIUM DEPOSITS	4.36		Agree	4.36
23350		INJECTION FOR SHOULDER X-RAY	1.00		Agree	1.00
24075		REMOVE ARM/ELBOW LESION	3.92		Agree	3.92
24076		REMOVE ARM/ELBOW LESION	6.30		Agree	6.30
24300 #		MANIPULATE ELBOW W/ANESTH	3.75		Agree	3.75
24332 #		TENOLYSIS, TRICEPS	7.45		Agree	7.45
24343 #		REPR ELBOW LAT LIGMNT W/TISS	8.65		Agree	8.65
24344 #		RECONSTRUCT ELBOW LAT LIGMNT	14.00		Agree	14.00

TABLE 6.—AMA RUC AND HCPAC WORK RVU RECOMMENDATIONS AND CMS DECISIONS FOR NEW AND REVISED 2002 CPT CODES—Continued

*CPT CODE	Mod	Description	RUC recommendation	HCPAC recommendation	CMS decision	2002 work RVU
24345 #		REPR ELBW MED LIGMNT W/TISS	8.65		Agree	8.65
24346 #		RECONSTRUCT ELBOW MED LIGMNT	14.00		Agree	14.00
25001 #		INCISE FLEXOR CARPI RADIALIS	3.38		Agree	3.38
25020		DECOMPRESS FOREARM 1 SPACE	5.92		Agree	5.92
25023		DECOMPRESS FOREARM 1 SPACE	12.96		Agree	12.96
25024 #		DECOMPRESS FOREARM 2 SPACES	9.50		Agree	9.50
25025 #		DECOMPRESS FORAM 2 SPACES	16.54		Agree	16.54
25075		REMOVE FOREARM LESION SUBCUT	3.74		Agree	3.74
25076		REMOVE FOREARM LESION DEEP	4.92		Agree	4.92
25259 #		MANIPULATE WRIST W/ANESTHES	3.75		Agree	3.75
25274		REPAIR FOREARM TENDON/MUSCLE	8.75		Agree	8.75
25275 #		REPAIR FOREARM TENDON SHEATH	8.50		Agree	8.50
25394 #		REPAIR CARPAL BONE, SHORTEN	10.40		Agree	10.40
25405		REPAIR/GRAFT RADIUS OR ULNA	14.38		Agree	14.38
25420		REPAIR/GRAFT RADIUS & ULNA	16.33		Agree	16.33
25430 #		VASC GRAFT INTO CARPAL BONE	9.25		Agree	9.25
25431 #		REPAIR NONUNION CARPAL BONE	10.44		Agree	10.44
25440		REPAIR/GRAFT WRIST BONE	10.44		Agree	10.44
25520		TREAT FRACTURE OR RADIUS	6.26		Agree	6.26
25526		TREAT FRACTURE OF RADIUS	12.98		Agree	12.98
25645		TREAT WRITST BONE FRACTURE	7.25		Agree	7.25
25651 #		PIN ULNAR STYLOID FRACTURE	5.36		Agree	5.36
25652 #		TREAT FRACTURE ULNAR STYLOID	7.60		Agree	7.60
25671 #		PIN RADIOULNAR DISLOCATION	6.00		Agree	6.00
26115		REMOVE HAND LESION SUBCUT	3.86		Agree	3.86
26116		REMOVE HAND LESION, DEEP	5.53		Agree	5.53
26160		REMOVE TENDON SHEATH LESION	3.15		Agree	3.15
26250		EXTENSIVE HAND SURGERY	7.55		Agree	7.55
26255		EXTENSIVE HAND SURGERY	12.43		Agree	12.43
26340 #		MANIPULATE FINGER W/ANESTH	2.50		Agree	2.50
26350		REPAIR FINGER/HAND TENDON	5.99		Agree	5.99
26352		REPAIR/GRAFT HAND TENDON	7.68		Agree	7.68
26356		REPAIR FINGER/HAND TENDON	8.07		Agree	8.07
26357		REPAIR FINGER/HAND TENDON	8.58		Agree	8.58
26358		REPAIR/GRAFT HAND TENDON	9.14		Agree	9.14
26390		REVISE HAND/FINGER TENDON	9.19		Agree	9.19
26392		REPAIR/GRAFT HAND TENDON	10.26		Agree	10.26
26415		EXCISION, HAND/FINGER TENDON	8.34		Agree	8.34
26416		GRAFT HAND OR FINGER TENDON	9.37		Agree	9.37
26426		REPAIR FINGER/HAND TENDON	6.15		Agree	6.15
26428		REPAIR/GRAFT FINGER TENDON	7.21		Agree	7.21
26445		RELEASE HAND/FINGER TENDON	4.31		Agree	4.31
26510		THUMB TENDON TRANSFER	5.43		Agree	5.43
26587		RECONSTRUCT EXTRA FINGER	14.05		Agree	14.05
26590		REPAIR FINGER DEFORMITY	17.96		Agree	17.96
26607		TREAT METACARPAL FRACTURE	5.36		Agree	5.36
26608		TREAT METACARPAL FRACTURE	5.36		Agree	5.36
26670		TREAT HAND DISLOCATION	3.69		Agree	3.69
26675		TREAT HAND DISLOCATION	4.54		Agree	4.54
26676		PINE HAND DISLOCATION	5.52		Agree	5.52
26685		TREAT HAND DISLOCATION	6.98		Agree	6.98
26843		FUSION OF HAND JOINT	7.61		Agree	7.61
26844		FUSION/GRAFT OF HAND JOINT	8.73		Agree	8.73
27096		INJECT SACROILIAC JOINT	1.40		Agree	1.40
28299		CORRECTION OF BUNION	10.58		Agree	10.58
29086 #		APPLY FINGER CAST	0.62		Agree	0.62
29805 #		SHOULDER ARTHROSCOPY, DX	5.89		Agree	5.89
29806 #		SHOULDER ARTHROSCOPY/SURGERY.	14.37		Agree	14.37
29807 #		SHOULDER ARTHROSCOPY/SURGERY.	13.90		Agree	13.90
29819		SHOULDER ARTHROSCOPY/SURGERY.	7.62		Agree	7.62
29820		SHOULDER ARTHROSCOPY/SURGERY.	7.07		Agree	7.07
29821		SHOULDER ARTHROSCOPY/SURGERY.	7.72		Agree	7.72
29822		SHOULDER ARTHROSCOPY/SURGERY.	7.43		Agree	7.43

TABLE 6.—AMA RUC AND HCPAC WORK RVU RECOMMENDATIONS AND CMS DECISIONS FOR NEW AND REVISED 2002 CPT CODES—Continued

*CPT CODE	Mod	Description	RUC recommendation	HCPAC recommendation	CMS decision	2002 work RVU
29823		SHOULDER ARTHROSCOPY/SURGERY.	8.17		Agree	8.17
29824 #		SHOULDER ARTHROSCOPY/SURGERY.	8.25		Agree	8.25
29900 #		MCP JOINT ARTHROSCOPY, DX	5.42		Agree	5.42
29901 #		MCP JOINT ARTHROSCOPY, SURG	6.13		Agree	6.13
29902 #		MCP JOINT ARTHROSCOPY, SURG	6.70		Agree	6.70
30117		REMOVAL OF INTRANASAL LESION	3.16		Agree	3.16
30118		REMOVAL OF INTRANASAL LESION	9.69		Agree	9.69
31641		BRONCHOSCOPY, TREAT BLOCKAGE	5.03		Agree	5.03
32650		THORACOSCOPY, SURGICAL	10.75		Agree	10.75
33967 #		INSERT IA PERCUT DEVICE	4.85		Agree	4.85
33975		IMPLANT VENTRICULAR DEVICE	21.00		Agree	21.00
33976		IMPLANT VENTRICULAR DEVICE	23.00		Agree	23.00
33977		REMOVE VENTRICULAR DEVICE	19.29		Agree	19.29
33978		REMOVE VENTRICULAR DEVICE	21.73		Agree	21.73
33979 #		INSERT INTRACORPOREAL DEVICE	carrier		Agree	carrier
33980 #		REMOVE INTRACORPOREAL DEVICE	carrier		Agree	carrier
35646		ARTERY BYPASS GRAFT	31.00		Agree	31.00
35647 #		ARTERY BYPASS GRAFT	28.00		Agree	28.00
35685		BYPASS GRAFT PATENCY/PATCH	4.05		Agree	4.05
35686 #		BYPASS GRAFT/AV FIST PATENCY	3.35		Agree	3.35
36002 #		PSEUDOANEURYSM INJECTION TRT	1.96		Agree	1.96
36005		INJECTION EXT VENOGRAPHY	0.95		Agree	0.95
36400		DRAWING BLOOD	0.38		Agree	0.38
36819		AV FUSION/UPPR ARM VEIN	14.00		Agree	14.00
36820 #		AV FUSION/FOREARM VEIN	14.00		Agree	14.00
36823		INSERTION OF CANNULA(S)	21.00		Agree	21.00
38220 #		BONE MARROW ASPIRATION	1.08		Agree	1.08
38221 #		BONE MARROW BIOPSY	1.37		Agree	1.37
43200		ESOPHAGUS ENDOSCOPY	1.59		Agree	1.59
43227		ESOPH ENDOSCOPY, REPAIR	3.60		Agree	3.60
43245		OPERATIVE UPPER GI ENDOSCOPY	3.39		Agree	3.39
43310		REPAIR OF ESOPHAGUS	27.47		Agree	27.47
43312		REPAIR ESOPHAGUS AND FISTULA	30.50		Agree	30.50
43313 #		ESOPHAGOPLASTY CONGENITAL	45.28		Agree	45.28
43314 #		TRACHEO-ESOPHAGOPLASTY CONG	50.27		Agree	50.27
44120		REMOVAL OF SMALL INTESTINE	17.00		Agree	17.00
44121		REMOVAL OF SMALL INTESTINE	4.45		Agree	4.45
44126 #		ENTERECTOMY W/TAPER, CONG	35.50		Agree	35.50
44127 #		ENTERECTOMY W/O TAPER, CONG	41.00		Agree	41.00
44128 #		ENTERECTOMY CONG, ADD-ON	4.45		Agree	4.45
44140		PARTIAL REMOVAL OF COLON	18.35		Agree	18.35
44160		REMOVAL OF COLON	18.62		Agree	18.62
44202		LAP RESPECT S/INTESTINE SINGL	22.04		Agree	22.04
44203 #		LAP RESECT S/INTESTINE, ADDL	4.45		Agree	4.45
44204 #		LAPARO PARTIAL COLECTOMY	22.00		Disagree	25.08
44205 #		LAP COLECTOMY PART W/ILEUM	19.50		Disagree	22.23
44366		SMALL BOWEL ENDOSCOPY	4.41		Agree	4.41
44378		SMALL BOWEL ENDOSCOPY	5.26		Agree	5.26
44391		COLONOSCOPY FOR BLEEDING	3.82		Agree	3.82
45136 #		EXCISE ILEOANAL RESERVOIR	27.30		Agree	27.30
45190		DESTRUCTION, RECTAL TUMOR	8.28		Agree	8.28
45303		PROCTOSIGMOIDOSCOPY DILATE	0.44		Agree	0.44
45317		PROTOSIGMOIDOSCOPY BLEED	1.50		Agree	1.50
45334		SIGMOIDOSCOPY FOR BLEEDING	2.73		Agree	2.73
45382		COLONOSCOPY/CONTROL BLEEDING	5.69		Agree	5.69
46020 #		PLACEMENT OF SETON	2.90		Agree	2.90
46604		ANOSCOPY AND DILATION	1.31		Agree	1.31
46614		ANOSCOPY/CONTROL BLEEDING	2.01		Agree	2.01
46924		DESTRUCTION, ANAL LESION(S)	2.76		Agree	2.76
47370 #		LAPARO ABLATE LIVER TUMORE RF	(a)		(a)	18.00
47371 #		LAPARO ABLATE LIVER CRYOSUG	(a)		(a)	16.94
47380 #		OPEN ABLATE LIVER TUMOR RF	(a)		(a)	21.25
47381 #		OPEN ABLATE LIVER TUMOR CRYO	(a)		(a)	21.00
47382 #		PERCUT ABLATE LIVER RF	(a)		(a)	12.00
48100		BIOPSY OF PANCREAS, OPEN	11.08		Agree	11.08
49424		ASSESS CYST, CONTRAST INJECT	0.76		Agree	0.76
49491 #		REPAIRING HERN PREMIE REDUC	11.13		Agree	11.13

TABLE 6.—AMA RUC AND HCPAC WORK RVU RECOMMENDATIONS AND CMS DECISIONS FOR NEW AND REVISED 2002 CPT CODES—Continued

*CPT CODE	Mod	Description	RUC recommendation	HCPAC recommendation	CMS decision	2002 work RVU
49492 #		RPR ING HERN PREMIE, BLOCKED	14.03		Agree	14.03
49495		RPR ING HERNIA BABY, REDUC	5.89		Agree	5.89
49496		RPR ING HERNIA BABY, BLOCKED	8.79		Agree	8.79
50220		REMOVE KIDNEY, OPEN	17.15		Agree	17.15
50225		REMOVAL KIDNEY OPEN, COMPLEX	20.23		Agree	20.23
50230		REMOVAL KIDNEY OPEN, RADICAL	22.07		Agree	22.07
51596		REMOVE BLADDER/CREATE POUCH	39.52		Agree	39.52
52001 #		CYSTOSCOPY, REMOVAL OF CLOTS	5.45		Disagree	2.37
52347 #		CYSTOSCOPY, RESECT DUCTS	5.28		Agree	5.28
52510		DILATIONPROSTATIC URETHRA	6.72		Agree	6.72
53431 #		RECONSTRUCT URETHRA/BLADDER	19.89		Agree	19.89
53444 #		INSERT TANDEM CUFF	13.40		Agree	13.40
53445		INSERT URO./VES NCK SPHINCTER	14.06		Agree	14.06
53446 #		REMOVE URO SPHINCTER	10.23		Agree	10.23
53447		REMOVE/REPLACE UR SPHINCTER	13.49		Agree	13.49
53448 #		REMOVE/REPLC UR SPHINCTR COMP	21.15		Agree	21.15
53449		REPAIR URO SPHINCTER	9.70		Agree	9.70
53853 #		PROSTATIC WATER THERMOTHER	6.41		Disagree	4.14
54065		DESTRUCTION, PENIS LESION(S)	2.42		Agree	2.42
54162 #		LYSIS PENIL CIRCUMCIS LESION	3.00		Agree	3.00
54163 #		REPAIR OF CIRCUMSION	3.00		Agree	3.00
54164 #		FRENULOTOMY OF PENIS	2.50		Agree	2.50
54400		INSERT SEMI-RIGID PROSTHESIS	8.99		Agree	8.99
54401		INSERT SELF-CONTD PROSTHESIS	10.28		Agree	10.28
54405		INSERT MULTI-COMP PENIS PROS	13.43		Agree	13.43
54406 #		REMOVE MULTI-COMP PENIS PROS	12.10		Agree	12.10
54408 #		REPAIR MUTLI-COMP PENIS PROS	12.75		Agree	12.75
54410 #		REMOVE/REPLACE PENIS PROSTH	15.50		Agree	15.50
54411 #		REMV/REPLC PENIS PROS, COMP	16.00		Agree	16.00
54415 #		REMOVE SELF-CONTD PENIS PROS	8.20		Agree	8.20
54416 #		REMV/REPL PENIS CONTAIN PROS	10.87		Agree	10.87
54417 #		REMV/REPLC PENIS PROS, COMPL	14.19		Agree	14.19
54512		EXCISE LESION TESTIS	8.58		Agree	8.58
56501		DESTROY, VULVA LESIONS, SIMP	1.53		Agree	1.53
56515		DESTROY VULVA LESION/S COMPL	1.88		Agree	1.88
56605		BIOPSY OF VULVA/PERINEUM	1.10		Agree	1.10
56810		REPAIR OF PERINEUM	4.13		Agree	4.13
57022		I & D VAGINAL HEMATOMA, PP	2.56		Agree	2.56
57061		DESTROY VAG LESIONS, SIMPLE	1.25		Agree	1.25
57065		DESTROY VAG LESIONS, COMPLEX	2.61		Agree	2.61
57155 #		INSERT UTERI TANDEMNS/OVOIDS	6.27		Agree	6.27
58100		BIOPSY OF UTERUS LINING	1.53		Agree	1.53
58346 #		INSERT HEYMAN UTERI CAPSULE	6.75		Agree	6.75
58563		HYSTEROSCOPY, ABLATION	6.17		Agree	6.17
58953 #		TAH, RAD DISSECT FOR DEBULK	32.00		Agree	32.00
58954 #		TAH RAD DEBULK/LYMPH REMOVE	35.00		Agree	35.00
59000		AMNIOCENTESIS, DIAGNOSTIC	1.30		Agree	1.30
59001 #		AMINOCENTESIS, THERAPEUTIC	3.00		Agree	3.00
64555		IMPLANT NEUROELECTRODES	2.27		Agree	2.27
64561 #		IMPLANT NEUROELECTRODES	6.74		Agree	6.74
64575		IMPLANT NEUROELECTRODES	4.53		Agree	4.53
64581 #		IMPLANT NEUROELECTRODES	13.50		Agree	13.50
64820		REMOVE SYMPATHETIC NERVES	10.37		Agree	10.37
64821 #		REMOVE SYMPATHETIC NERVES	8.75		Agree	8.75
64822 #		REMOVE SYMPATHETIC NERVES	8.75		Agree	8.75
64823 #		REMOVE SYMPATHETIC NERVES	10.37		Agree	10.37
66982		CATARACT SURGERY, COMPLEX	13.50		Agree	13.50
67225 #		EYE PHOTODYNAMIC THER ADD-ON	(a)		(a)	0.47
69990		MICROSURGERY ADD-ON	3.47		Agree	3.47
74230	26	CINE/VIDEO X-RAY, THROAT/ESO	0.53		Agree	0.53
74305	26	X-RAY BILE DUCTS/PANCREAS	0.42		Agree	0.42
76066	26	JOINT SURVEY, SINGLE VIEW	0.31		Agree	0.31
76078	26	RADIOGRAPHIC ABSORPTIONMETRY	0.20		Agree	0.20
76085 #	26	COMPUTER MAMMOGRAM ADD-ON	(a)		(a)	0.06
76120	26	CINE/VIDEO X-RAYS	0.38		Agree	0.38
76125	26	CINE/VIDEO X-RAYS ADD-ON	0.27		Agree	0.27
76362 #	26	CAT SCAN FOR TISSUE ABLATION	(a)		(a)	4.00
76394 #	26	MRI FOR TISSUE ABLATION	(a)		(a)	4.25
76490 #	26	US FOR TISSUE ABLATION	(a)		(a)	2.00

TABLE 6.—AMA RUC AND HCPAC WORK RVU RECOMMENDATIONS AND CMS DECISIONS FOR NEW AND REVISED 2002 CPT CODES—Continued

*CPT CODE	Mod	Description	RUC recommendation	HCPAC recommendation	CMS decision	2002 work RVU
76819	26	FETAL BIOPHYS PROFIL W/O NST	0.63		Disagree	0.77
76885	26	US EXAM INFANT HIPS, DYNAMIC	0.74		Agree	0.74
76886	26	US EXAM INFANT HIPS, STATIC	0.62		Agree	0.62
77300	26	RADIATION THERAPY DOSE PLAN	0.62		Agree	0.62
77301 #	26	RADIOL THERAPY DOSE PLAN, IMRT	8.00		Agree	8.00
77418 #		RADIATION TX DELIVERY, IMRT	0.00		Agree	0.00
85097		BONE MARROW INTERPRETATION	0.94		Agree	0.94
88380 #	26	MICRODISSECTION	carrier		Agree	carrier
90471		IMMUNIZATION ADMIN	0.17		Disagree	0.00
90472		IMMUNIZATION ADMIN, EACH ADD	0.15		Disagree	0.00
90473 #		IMMUNE ADMIN ORAL/NASAL	0.17		Disagree	0.00
90939 #		HEMODIALYSIS STUDY, TRANSCUT	0.00		Agree	0.00
91123 #		IRRIGATE FECAL IMPACTION	0.00		Agree	0.00
92136 #	26	OPHTHALMIC BIOMETRY	0.54		Agree	0.54
92973 #		PERCUT CORONARY THROMBECTOMY.	3.28		Agree	3.28
92974 #		CATH PLACE, CARDIO BRACHYTX	3.00		Agree	3.00
93025 #		MICROVOLT T-WAVE ASSESS	0.75		Agree	0.75
93609	26	MAP TACHYCARDIA, ADD-ON	(a)		Disagree	4.81
93612	26	INTRAVENTRICULAR PACING	3.02		Agree	3.02
93613 #	26	ELECTROPHYS MAP, 3D, ADD-ON	carrier		Disagree	7.00
93619	26	ELECTROPHYSIOLOGY EVALUATION	7.32		Agree	7.32
93620	2	ELECTROPHYSIOLOGY EVALUATION	11.59		Agree	11.59
93621	26	ELECTROPHYSIOLOGY EVALUATION	2.10		Agree	2.10
93622	26	ELECTROPHYSIOLOGY EVALUATION	3.10		Agree	3.10
93701 #	26	BIOIMPEDANCE, THORACIC	0.00		Disagree	0.17
94720	26	MONOXIDE DIFFUSING CAPACITY	0.26		Agree	0.26
94750	26	PULMONARY COMPLIANCE STUDY	0.23		Agree	0.23
95144		ANTIGEN THERAPY SERVICES	0.06		Agree	0.06
95145		ANTIGEN THERAPY SERVICES	0.06		Agree	0.06
95165		ANTIGEN THERAPY SERVICES	0.06		Agree	0.06
95170		ANTIGEN THERAPY SERVICES	0.06		Agree	0.06
95250 #		GLUCOSE MONITORING, CONT	0.00		Agree	0.00
95875	26	LIMB EXERCISE TEST	1.10		Agree	1.10
95904	26	SENSE NERVE CONDUCTION TEST	0.34		Agree	0.34
95965 #	26	MEG, SPONTANEOUS	8.00		Agree	8.00
95966 #	26	MEG, EVOKED, SINGLE	4.00		Agree	4.00
95967 #	26	MEG, EVOKED, EACH ADDL	3.50		Agree	3.50
96000 #		MOTION ANALYSIS, VIDEO/3D		carrier	Disagree	1.80
96001 #		MOTION TEST W/FT PRESS MEAS		carrier	Disagree	2.15
96002 #		DYNAMIC SURFACE EMG		carrier	Disagree	0.41
96003 #		DYNAMIC FINE WIRE EMG		carrier	Disagree	0.37
96004 #		PHYS REVIEW OF MOTION TESTS		carrier	Disagree	1.80
96150 #		ASSESS HLTH/BEHAVE, INIT		0.50	Agree	0.50
96151 #		ASSESS HLTH/BEHAVE, SUBSEQ		0.48	Agree	0.48
96152 #		INTERVENE HLTH/BEHAVE, INDIV		0.46	Agree	0.46
96153 #		INTERVENE HLTH/BEHAVE, GROUP		0.10	Agree	0.10
96154 #		INTERV HLTH/BEHAV, FAM W/PT		0.45	Agree	0.45
96155 #		INTERV HLTH/BEHAV FAM NO PT		0.44	Agree	0.44
96567 #		PHOTODYNAMIC TX, SKIN	0.00		Agree	0.00
97005 #		ATHLETIC TRAIN EVAL		(a)	Agree	0.00
97006 #		ATHLETIC TRAIN REEVAL		(a)	Agree	0.00
97112		NEUROMUSCULAR REEDUCATION		0.45	Agree	0.45
97504		ORTHOTIC TRAINING		0.45	Agree	0.45
97535		SELF CARE MNGMENT TRAINING		0.45	Agree	0.45
97601		WOUND CARE SELECTIVE		0.50	Agree	0.50
97602		WOUND CARE NON-SELECTIVE		0.32	Disagree	0.00
99090		COMPUTER DATA ANALYSIS	0.00		Agree	0.00
99091 #		COLLECT/REVIEW DATA FROM PT	1.10		Disagree	0.00
99289 #		PT TRANSPORT, 30-74 MIN	4.80		Disagree	0.00
99290 #		PT TRANSPORT, ADDL 30 MIN	2.40		Disagree	0.00
99374		HOME HEALTH CARE SUPERVISION	1.10		Agree	1.10
99375		HOME HEALTH CARE SUPERVISION	1.73		Agree	1.73
99377		HOSPICE CARE SUPERVISION	1.10		Agree	1.10
99378		HOSPICE CARE SUPERVISION	1.73		Agree	1.73
99379		NURSING FAC CARE SUPERVISION	1.10		Agree	1.10
99380		NURSING FAC CARE SUPERVISION	1.73		Agree	1.73
99381		PREV VISIT, NEW, INFANT	1.19		Agree	1.19
99382		PREV VISIT, NEW, AGE 1-4	1.36		Agree	1.36

TABLE 6.—AMA RUC AND HCPAC WORK RVU RECOMMENDATIONS AND CMS DECISIONS FOR NEW AND REVISED 2002 CPT CODES—Continued

*CPT CODE	Mod	Description	RUC recommendation	HCPAC recommendation	CMS decision	2002 work RVU
99383		PREV VISIT, NEW, AGE 5-11	1.36		Agree	1.36
99384		PREV VISIT, NEW, AGE 12-17	1.53		Agree	1.53
99385		PREV VISIT, NEW, AGE 18-39	1.53		Agree	1.53
99386		PREV VISIT, NEW, AGE 40-64	1.88		Agree	1.88
99387		PREV VISIT, NEW, 65 & OVER	2.06		Agree	2.06
99391		PREV VISIT, EST, INFANT	1.02		Agree	1.02
99392		PREV VISIT, EST, AGE 1-4	1.19		Agree	1.19
99393		PREV VISIT, EST, AGE 5-11	1.19		Agree	1.19
99394		PREV VISIT, EST, AGE 12-17	1.36		Agree	1.36
99395		PREV VISIT, EST, AGE 18-39	1.36		Agree	1.36
99396		PREV VISIT, EST, AGE 40-64	1.53		Agree	1.53
99397		PREV VISIT, EST, 65 & OVER	1.71		Agree	1.71

([a]) No RUC recommendation provided.
New CPT codes.
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Table 7, AMA RUC Anesthesia Recommendations and CMS Decisions for New and Revised 2002 CPT Codes, lists the new or revised CPT codes for anesthesia and their base units that will be interim in 2002. This table includes the following information:

- CPT code. This is the CPT code for a service.
- Description. This is an abbreviated version of the narrative description of the code.
- RUC recommendations. This column identifies the base units recommended by the RUC.
- CMS decision. This column indicates whether we agreed with the RUC recommendation (''agree'') or we disagreed with the RUC recommendation (''disagree''). Codes for which we did not accept the RUC recommendation are discussed in greater detail following this table.
- 2002 Base Units. This column establishes the 2002 base units for these services.

TABLE 7.—AMA RUC ANESTHESIA RECOMMENDATIONS AND CMS DECISIONS FOR NEW AND REVISED 2002 CPT CODES

*CPT code	Description	RUC recommendation	CMS decision	2002 Base units
00797	ANESTH, SURGERY FOR OBESITY	9	Disagree	8
00851	ANESTH, TUBAL LIGATION	6	Agree	6
00869	ANESTH, VASECTOMY	3	Agree	3
01905	ANES, SPINE INJECT, X-RAY/RE	5	Agree	5
01916	ANESTH, DX ARTERIOGRAPHY	5	Agree	5
01924	ANES, THER INTERVEN RAD, ART	5	Agree	5
01925	ANES, THER INTERVEN RAD, CAR	7	Agree	7
01926	ANES, TX INTERV RAD HRT/CRAN	8	Agree	8
01930	ANES, THER INTERVEN RAD, VEI	5	Agree	5
01931	ANES, THER INTERVEN RAD, TIP	7	Agree	7
01932	ANES, TX INTERV RAD, TH VEIN	6	Agree	6
01933	ANES, TX INTERV RAD, CRAN V	7	Agree	7
01951	ANESTH, BURN, LESS 4 PERCENT	3	Agree	3
01952	ANESTH, BURN, 4–9 PERCENT	5	Agree	5
01960	ANESTH, VAGINAL DELIVERY	5	Agree	5
01961	ANESTH, CS DELIVERY	7	Agree	7
01962	ANESTH, EMER HYSTERECTOMY	8	Agree	8
01963	ANESTH, CS HYSTERECTOMY	8	Agree	8
01964	ANESTH, ABORTION PROCEDURES	4	Agree	4
01967	ANESTH/ANALG, VAG DELIVERY	5	Agree	5
01968	ANES/ANALG CS DELIVER ADD-ON	3	Disagree	2
01969	ANESTH/ANALG CS HYST ADD-ON	5	Agree	5

*All CPT codes copyright 2002 American Medical Association.

Discussion of Codes for Which There Were No RUC Recommendations or for which the RUC Recommendations Were Not Accepted

The following is a summary of our rationale for not accepting particular RUC work RVU or base unit recommendations. It is arranged by type of service in CPT code order. Additionally, we also discuss those CPT codes for which we received no RUC recommendations for physician work RVUs. This summary refers only to work RVUs.

Anesthesia for Intraperitoneal Procedures in Upper Abdomen Including Laparoscopy; Gastric Restrictive Procedure for Morbid Obesity (CPT Code 00797).

The RUC recommended that 9 base units be assigned to this procedure

based on a comparison to CPT code 00790 (Anesthesia for intraperitoneal procedures in the upper abdomen including laparoscopy; not otherwise specified). We disagree. We believe that assigning 9 base units to 00797 creates a rank order anomaly with CPT code 00794 (Anesthesia for intraperitoneal procedures in the upper abdomen including laparoscopy; pancreatectomy, partial or total (for example, Whipple procedure)) which is assigned 8 base units.

While obese patients do make the work of an anesthesiologist more difficult, we believe that the vignette used in the RUC survey was atypical and exaggerated the required work because the patient in the vignette was described as having asthma. We believe the work of an anesthesiologist is greater for patients undergoing Whipple procedures because, typically, these patients are sicker and require longer operative time and more intense anesthesia care than patients undergoing gastric restrictive procedures. Therefore, we are assigning 8 base units to 00797.

Cesarean Delivery Following Neuraxial Labor Analgesia/Anesthesia (List Separately in Addition to Code for Primary Procedure (CPT Code 01968))

The RUC recommended 3 base units for this add-on procedure. This procedure is reported in addition to *CPT code 01967 (Neuraxial labor analgesia/anesthesia for planned vaginal delivery (this includes any repeat subarachnoid needle placement and drug injection and/or any necessary replacement of an epidural catheter during labor))*, when a patient who has been given neuraxial anesthesia for a planned vaginal delivery requires conversion to a cesarian delivery and must be given anesthesia for the cesarian delivery. The RUC recommended 7 base units for CPT code 01961 (Anesthesia for, cesarian delivery only), a recommendation with which we agree. We note the following:

- The base units of 01961, anesthesia for cesarian delivery, are the same as the base units of 01967 plus 01968.
- The survey respondents valued the add-on code 01968 as if it were a stand-alone code with a median base unit of 7 and an intraservice time of 75 minutes. Both the median base units and the intraservice time are identical to the survey results for 01961.
- CPT code 01968 is currently reported (per the American Society of Anesthesiologists) as *00857 (Neuraxial analgesia/anesthesia for labor ending in a cesarian delivery (this includes any repeat subarachnoid needle placement and drug injection and/or any necessary replacement of an epidural catheter during labor)*, which is valued at 7 base units. Moreover, the work of CPT code 01967 plus CPT code 01968 is completely described by CPT code 00857 so it is unclear why the sum of the base units assigned to 01967 and 01968 should not be identical to the base units currently assigned to CPT code 00857.

In view of these concerns, we are assigning 2 base units to CPT code 01968. We are also making a neutrality adjustment to the anesthesia conversion factor based on our analysis of the estimated difference in base units between previously repeated anesthesia codes and the new codes.

Injection, Therapeutic (Eg, Local Anesthetic, Corticosteroid); Carpal Canal, (CPT Code 20526) Injection; Tendon Sheath, Ligament, Ganglion Cyst, (CPT Code 20550)

Injection; Tendon Origin/Insertion, (CPT Code 20551)

Injection; Single or Multiple Trigger Point(s), One or Two Muscle Group(s) (CPT Code 20552), and

Injection; Single or Multiple Trigger Point(s), Three or More Muscle Groups (CPT Code 20553)

CPT codes 20526, 20551, 20552, and 20553 are new codes, while 20550 is being revised from its current descriptor ''Injection, tendon sheath, ligament; ganglion cyst, or trigger points'' to the descriptor above. We received an interim recommendation of 0.86 work RVUs for these codes, from the RUC, based on the fact that all these procedures are currently reported as 20550 which is valued at 0.86 RVUs.

CPT code 20550 comprises several procedures with varying amounts of physician work that will now be reported separately. We are assigning 0.86 RVUs to all these codes on an interim basis, and will review this further for 2002 if we receive recommendations from the RUC. At that time we will also have utilization data on these services to assist us in making work neutrality adjustments should any adjustments be required.

Laparoscopy, Surgical; Colectomy, Partial With Anastomosis (CPT Code 44204) and Laparoscopy, Surgical; Colectomy, Partial, With Removal of Terminal Ileum With Ileocecostomy (CPT Code 44205)

The RUC recommended 22.00 RVUs for CPT code 44204 and 19.50 RVUs for CPT Code 44205 based on the reference code 44140 (*Colectomy, partial; with anastomosis*) which, at the time of the recommendation, had a work RVU of 18.35. We increased the work RVU of CPT Code 44140 to 21 as part of the 5-year review of physician work. In order to prevent rank order anomalies we are assigning work RVUs of 25.08 and 22.23 to CPT Codes 44204 and 44205, respectively. These work RVUs represent a 14 percent increase over the RUC recommendation and are consistent with our valuation of CPT Code 44140.

Laparoscopy, Surgical, Ablation of One or More Liver Tumor(s); Radiofrequency (CPT Code 47370), Laparoscopy, Surgical, Ablation of One or More Liver Tumor(s); Cryosurgical (CPT Code 47371), Ablation, Open, of One or More Liver Tumor(s); Radiofrequency (CPT Code 47380), Ablation, Open, of One or More Liver Tumor(s); Cryosurgical (CPT Code 47381), Ablation, One or More Liver Tumor(s), Percutaneous, Radiofrequency (CPT Code 47382), Computerized Axial Tomography Guidance for, and Monitoring of, Tissue Ablation (CPT Code 76362), Magnetic Resonance Guidance for, and Monitoring of, Tissue Ablation (CPT Code 76394); and Ultrasound Guidance for, and Monitoring of, Tissue Ablation (CPT Code 76490)

We have not received recommendations from the RUC for these procedures. We have assigned work RVUs as follows:

47370—18 work RVUs
47371—16.94 work RVUs
47380—21.25 work RVUs
47381—21.00 work RVUs
47382—12.00 work RVUs

To arrive at the values listed above, we compared the time and intensity of these services to other open and laparoscopic liver, colon, and renal procedures. We believe that the RVUs assigned place them in the correct rank order with these other services and with respect to each other.

76362—4.00 work RVUs
76394—4.25 work RVUs
76490—2.00 work RVUs

To arrive at the values above, we compared the time and intensity of these procedures to other radiologic guidance codes and to radiologic supervision and interpretation codes. We believe that the assigned RVUs place them in correct rank order to other radiologic guidance services and to each other.

Cystourethroscopy with irrigation and evacuation of clots, (CPT Code 52001)

The RUC recommended 5.45 work RVUs based on a comparison to the reference procedures *CPT code 52315 (Cystourethroscopy, with removal of*

foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated), and *CPT Code 52235 (Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; medium bladder tumor(s) (2.0 to 5.0 cm)).*

We are concerned that 52001, with its current descriptor, will be reported whenever a cystoscopy is performed and blood is present during the examination. As written, the code may be reported whenever any blood clots are present. The RUC recommendation is based upon the urologists' response to a scenario where the bladder outlet was obstructed due to large blood clots and removal of the blood clots required a resectoscope. Unfortunately, the code descriptor does not require the presence of bladder obstruction due to blood clots, nor does it require the use of a resectoscope. Therefore, until the descriptor of this code is clarified by the AMA CPT editorial panel, we are assigning 2.37 RVUs to this procedure. As the CPT code is now written, the time and intensity of the physician work for this procedure are comparable to CPT Code 52005. *(Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service).*

Transurethral Destruction of Prostatic Tissue; By Water Induced Thermotherapy (CPT Code 53853)

The RUC recommended 6.41 work RVUs for this procedure based on a comparison to CPT Code 54670 (Suture or repair of testicular injury) which has a similar work value and similar pre-, intra-, and postservice times to the median times in the survey for 53853. The RUC also noted that *CPT Code 53850 (Transurethral destruction of prostate; by microwave thermotherapy)* has 90 minutes of intraservice time as compared to 60 minutes for CPT code 53853 and that the recommended work value for CPT code 53853 was approximately ⅔ of the work value for CPT code 53850.

We note that although the intraservice time for CPT code 53853 is 60 minutes, most of that time is spent monitoring the flow of hot water through a catheter and balloon and checking the water's temperature. We estimate that the maximum amount of time spent on activities other than monitoring is 20 minutes. This means that the work intensity for the intraservice portion of this procedure is significantly less than it is for most other surgical procedures and, specifically, the reference codes examined by the RUC. Therefore, we believe it is more appropriate to compare CPT code 53853 to 90-day global procedures with less than 30 minutes of intraservice time. For these reasons we compared CPT code 58350 to the following procedures:

CPT code	Work RVU	Intraservice time (minutes)	Pre/post service time
53853 Transurethral destruction of prostate tissue; by water-induced thermotherapy.	RUC Recommendation—6.41	60	*113
	CMS assigned RVU 4.14.		
30130 Excision turbinate, partial or complete, any method	3.38	27	78
42826 Tonsillectomy, primary or secondary; age 12 or over	3.38	28	82
46045 Incision and drainage of intramural, intramuscular, or submucosal abscess, transanal, under anesthesia.	4.32	25	206
46946 Ligation of internal hemorrhoids; multiple procedures	3.0	25	75
58800 Drainage of ovarian cyst(s), unilateral or bilateral, (separate procedure); vaginal approach.	4.14	23	100
61105 Twist burr hole for subdural or ventricular puncture	5.14	27	97
65810 Paracentesis of anterior chamber of eye (separate procedure); with removal of vitreous and/or discission of anterior hyaloid membrane, with or without air injection.	4.87	28	104
67031 Severing of vitreous strands, vitreous face adhesions, sheets, membranes, or opacities, laser surgery (one or more stages).	3.67	26	79

*see below.

The RUC sent us a postservice time of 131 minutes, which we believe is incorrect. The RUC assigned 3 postservice visits to this procedure which have a combined time of 35 minutes, not 53 minutes as recommended by the RUC. Therefore, the correct postservice time is 118 minutes.

With respect to the services listed above, we note that all of them carry significant risks to the patient and have intraservice work of high intensity. In fact, we believe the intraservice work of all the above procedures is of greater intensity than any portion of the intraservice work of CPT code 53853. After review of the procedures considered by the RUC and the above procedures, we believe that the time and intensity of CPT code 53853 is most comparable to CPT code 58800 and are assigning 4.14 work RVUs to CPT code 53853. This places CPT code 53853 in the correct rank order with respect not only to the procedures listed above but also to the prostate ablation, cystourethroscopy, and testicular procedures considered by the RUC.

Destruction of Localized Lesion of Choroids (eg, Choroidal Neovascularization); Photodynamic Therapy, Second Eye, at Single Session (List Separately in Addition To Code for Primary Eye Treatment) CPT Code 67225

We did not receive a RUC recommendation on this code. We are assigning work RVUs of 0.47, which is the work value for G0184, the code previously used for reporting this service.

Immunization Administration (Includes Percutaneous, Intradermal, Subcutaneous, Intramuscular and Jet Injections); One Vaccine (Single or Combination Vaccine/Toxoid) (CPT Code 90471), Immunization Administration (Includes Percutaneous, Intradermal, Subcutaneous, Intramuscular and Jet Injections); Each Additional Vaccine/Toxoid (List Separately in Addition To Code for Primary Procedure) One Vaccine (CPT Code 90472)

The RUC recommended a work RVU of .17 for CPT code 90471 and .15 work RVUs for CPT code 90472. These

services are analogous to *CPT code 90872 (Therapeutic, prophylactic or diagnostic injection (specify material injected); subcutaneous or intramuscular)* which has no physician work RVUs. They are services performed by a nurse and have no physician work. If the physician performs any counseling related to this service, it is considered part of the work of the preventive medicine visit during which the immunization was administered. If the vaccine is administered during a visit other than a preventive medicine service, any physician counseling should be billed separately as an E/M service. For these reasons we are not assigning work RVUs to these codes.

Immunization Administration by Intranasal or Oral Route; One Vaccine (Single or Combination Vaccine/Toxoid) (CPT Code 90473); and, Immunization Administration by Intranasal or Oral Route Each Additional Vaccine/Toxoid (List Separately in Addition To Code for Primary Procedure) CPT Code 90474

The RUC recommended a work RVU of .17 for CPT code 90473 and .15 work RVUs for CPT code 90474. These are noncovered services. Medicare does not cover self-administered vaccines, and, therefore, we are not assigning work RVUs to these services.

Intraventricular and/or Intra-Atrial Mapping of Tachycardia Site(s) With Catheter Manipulation to Record From Multiple Sites to Identify Origin of Tachycardia (CPT Code 93609)

We have not received a recommendation from the RUC for this service. The descriptor for this service has not changed but the AMA CPT editorial panel changed the global period for this service from a zero day global to a ZZZ global. This means that it is now an ''add on'' code and the physician work RVUs will no longer include any pre- or postservice work. It currently has a work RVU of 10.07. In order to appropriately value this add on service, we compared it to several other electrophysiology services, including *CPT code 93619, (Comprehensive electrophyisologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters; without induction or attempted induction of arrhythmia)* with a work RVU of 7.32, and *CPT code 93618, Induction of arrhythmia by electrical pacing (work RVU 4.26),* and *CPT code 93624, (Electrophysiologic follow up study with pacing and recording to test effectiveness of therapy, including induction of attempted induction of arrhythmia),* with a work RVU of 4.81. After reviewing these services, we believe that the time and intensity of physician work for CPT code 93609 as an add-on code is most similar to CPT code 93624 and are assigning a work RVU of 4.81 to CPT code 93609.

Intracardiac Electrophysiologic 3-Dimensional Mapping (CPT Code 93613)

This is a new add-on code for which we have not received a recommendation from the RUC. As an add-on code, this service does not include and pre- or postservice work. We compared this service to *CPT code 93619 (Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters; without induction or attempted induction of arrhythmia)* with work RVUs of 7.32 and to *CPT code 93651 (Intracardiac catheter ablation of arrhythmogenic focus; for treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, singly or in combination)* with work RVUs of 16.25. We also wanted to ensure that the work value for this service was placed in correct rank order to CPT code 93609 (see above). We believe that the intraservice time and intensity of this service is slightly less than that of CPT code 93619 and are assigning 7.00 work RVUs to CPT code 93613.

Bioimpedence, Thoracic, Electrical CPT Code 93701

We received a RUC recommendation that this service has no physician work. We currently cover this service under the HCPCS code M0302. We assigned 0.17 physician work RVUs to this service in the November 2000 final rule after conducting a notice and comment period. We will consider the RUC recommendation. If we considered changing the work RVUs for this service, we would discuss any proposed change in a future notice of proposed rule making. However, we are going to discontinue HCPCS code M0302 and will recognize CPT Code 93701 for this service.

Comprehensive Computer-Based Motion Analysis by Video-Taping And 3–D Kinematics (CPT Code 96000), Comprehensive Computer-Based Motion Analysis by Video-Taping and 3–D Kinematics; With Dynamic Plantar Pressure Measurements During Walking (CPT Code 96001), Dynamic Surface Electromyography, During Walking or Other Functional Activities, 1–12 Muscles (CPT Code 96002), Dynamic Fine Wire Electromyography, During Walking or Other Functional Activities, 1 Muscle (CPT Code 96003), and Physician Review and Interpretation of Comprehensive Computer Based Motion Analysis, Dynamic Plantar Pressure Measurements, Dynamic Surface Electromyography During Walking or Other Functional Activities, and Dynamic Fine Wire Electromyography, With Written Report (CPT Code 96004)

HCPAC recommended that these services be carrier priced. We disagree and are assigning work RVUs to these services as follows:

CPT code 96000—1.8 work RVUs
CPT code 96001—2.15 work RVUs
CPT code 96002—.41 work RVUs
CPT code 96003—.37 work RVUs
CPT code 96004—1.8 work RVUs

To arrive at these values, we compared the time and intensity of CPT codes 96000 and 96001 to other physical therapy services. We believe that the assigned RVUs place these services in the correct rank order with other physical therapy services. We compared the time and intensity of CPT codes 96002 and 96003 to other electromyography services and believe that the assigned RVUs place these services in the correct rank order with other electromyography services. We compared the time and intensity of CPT code 96004 with other physical therapy services and physician consultation services and believe the assigned RVUs place CPT code 96004 in the correct rank order with these other services.

Removal of Devitalized Tissue From Wound(s); Non-Selective Debridement, Without Anesthesia (eg, Wet-To-Moist Dressings, Enzymatic, Abrasion), Including Topical Applications(s), Wound Assessment and Instruction(s) for Ongoing Care, Per Session, CPT 97602

The HCPAC recommended a work RVU of .32 for this service. We disagree with this recommendation as we continue to believe that this code is bundled into 97602 for the reasons discussed earlier in this section. Therefore, we are not establishing work RVUs for this service.

Collection and Interpretation of Physiologic Data (eg, ECG, Blood Pressure, Glucose Monitoring) Digitally Stored and/or Transmitted by the Patient and/or Caregiver to the Physician or Other Qualified Health Care Professional, Requiring a Minimum of 30 Minutes of Time CPT CODE 99091

The RUC recommended work RVUs of 1.10 for this code. We disagree as this work is considered part of the pre and postservice work of an E/M service and propose to bundle payment for this code. (Note that payment for similar *CPT code, 99090, Analysis of clinical data in computers (eg, ECGs, blood pressures, hematologic data,* is also currently bundled.)

CPT Codes 99289, Physician Constant Attention of the Critically Ill or Injured Patient During an Interfacility Transport; First 30–74 Minutes, and 99290 Each Additional 30 Minutes (List Separately in Addition To Code for Primary Service)

These two new codes were created for CPT 2002 that describe services provided during patient transport. The RUC recommended that CPT code 99289 be valued at 4.8 work RVUs and CPT code 99290 be valued at 2.4 work RVUs. The CPT explanatory notes accompanying these two new codes state:

The following codes 99289 and 99290 are used to report the physical attendance and direct face-to-face care by a physician during the interfacility transport of a critically ill or injured patient. For the purposes of reporting codes 99289 and 99290, face-to-face care begins when the physician assumes the primary responsibility of the patient at the referring hospital or facility, and ends when the receiving hospital or facility accepts responsibility for the patient's care. Only the time the physician spends in direct face-to-face contact the patient during the transport should be reported. Patient transport services involving less than 30 minutes of face-to-face physician care should not be reported using 99289, 99290.

Procedure(s) or service(s) performed by other members of the transporting team may not be reported by the supervising physician. Any procedure(s) or service(s) performed by the physician before or during transport that are identified in CPT may be reported separately with the exception of routine monitoring evaluations (eg, heart rate, respiratory rate, blood pressure, and pulse oximetry) and the initiation of mechanical ventilation.

The time spent by the physician performing separately reportable services or procedures should not be included in the face-to-face time reported by codes 99289, 99290. The direction of emergency care to transporting staff by a physician located in a hospital or other facility by two-way communication is not considered direct face-to-face care and should not be reported with codes 99289, 99290.

The CPT explanatory notes go on to state that physicians should report emergency department services codes, initial hospital care codes, and critical care codes only after the patient has been admitted to the emergency department, the inpatient floor, or the critical care unit of the receiving facility.

Decision: We would like to note that, currently, physician services provided to patients during interfacility transport are reported, and paid, using the appropriate E/M service codes (for example, outpatient visits, emergency visits, prolonged services, critical care).

We have several significant concerns about the new CPT codes, 99289 and 99290. First, other than requiring face-to-face contact with the patient, there is no requirement for delivery of any specific physician service. This is in contrast to requirements for reporting critical care services under CPT codes 99291, 99292, 99295, 99296, 99297, and 99298. When reporting CPT codes 99291 and 99292 the CPT requires that, in addition to the patient being critically ill or critically injured, and the physician devoting his or her full attention to the patient, ''high complexity decision making to assess, manipulate, and support vital system function(s) to treat single or multiple vital organ system failure and/or to prevent further life-threatening deterioration of the patient's condition.'' These codes are valued at 4.0 work RVUs and 2.0 work RVUs, respectively.

The CPT goes on to state that—

''Although critical care typically requires interpretation of multiple physiologic parameters and/or application of advanced technology(s), critical care may be provided in life threatening situations when those elements are not present.''

'' * * * Providing medical care to a critically ill, injured, or postoperative patient qualifies as a critical care service only if both the illness or injury and the treatment being provided, meet the above requirements.''

As the code descriptors are written, the care described by the new CPT patient transport codes 99289 and 99290 do not meet the requirements for critical care. In fact, some services that will be reported as 99289 and 99290 would also be more appropriately reported as a new or established outpatient visit, an emergency visit, or as prolonged services, depending on the type of care that was delivered. We believe that the descriptors for CPT codes 99289 and 99290 will make it difficult for physicians to know when to report 99289 and 99290 appropriately.

Second, the beginning and ending times for 99289 and 99290 are unclear. We do not believe time spent in the referring and receiving facility should be counted towards this service. Time spent in the facility prior to and after transfer may not require any physician services even though the physician is face-to-face with the patient. Furthermore, if services are provided at the referring or receiving facility they should be billed as the appropriate E/M service (for example, new patient visit, emergency visit).

Third, we note that the descriptors for 99289 and 99290 include the phrase '' * * * critically ill or injured patient'' while the descriptors for 99291 and 99292 include the phrase '' * * * critically ill or critically injured patient.'' We realize that CPT descriptors are carefully developed, so we are concerned about this discrepancy and believe it needs to be clarified.

Fourth, we note that although CPT specifically includes (or bundles) certain services into critical care, it does not include those same services in the payment for 99289 and 99290 (for example, gastric intubation, temporary transcutaneous pacing).

Therefore, after careful review of the descriptors and explanatory notes for CPT codes 99289 and 99290, we have decided to not recognize these codes for Medicare purposes. Instead, we have created two HCPCS Level II codes to describe critical care services provided to patients during inter-facility transport. These codes are:

G0240—Critical Care Service delivered by a physician; face-to-face, during inter-facility transport of a critically ill or critically injured patient: first 30–74 minutes of active transport.

G0240 will be valued at 4.0 work RVUs.

G0241—each additional 30 minutes (list separately in addition to G0240)

G0241 will be valued at 2.0 work RVUs.

We believe that these two G codes carry out the intent of 99289 and 99290 with less ambiguity and thus will facilitate accurate reporting of these services by physicians. We have decided to value these services at the present value for 99291 (4.0 work RVUs) and 99292 (2.0 work RVUs). Although critical care is the most intense E/M service delivered by physicians, there is considerable variation in the intensity range of the services provided under the umbrella of critical care. We value all critical care services uniformly and do not believe there is a need to develop a

tiered approach to valuing critical care services.

We will apply all the requirements for critical care services (CPT codes 99291 and 99292) to G0240 and G0241 with the following two exceptions: (1) All time counted towards patient transport time must be face-to-face time with the patient; (2) We will only allow face-to-face time spent in actual transport to be counted towards G0240 and G0241; E/M services delivered in the referring and receiving facilities may be reported under other appropriate E/M codes (for example, outpatient, emergency, or critical care services).

If the actual transportation time is less than 30 minutes and/or the service does not meet the requirements of G0240 and G0241, then the physician may report his or her services under the appropriate E/M code (for example, outpatient visit, emergency visit, prolonged services).

In order for G0240 and G0241 to be payable, the medical record must document the time spent in actual patient transport, the nature of the patient's critical illness or critical injury, and the critical care services delivered to the patient. Consistent with the teaching physician policies in section 15016 of the Medicare Carriers Manual, residents who provide this service are paid through graduate medical education payments. Therefore, their services are not payable through Medicare Part B.

Any services delivered, or face-to-face time spent with the patient, by a resident, nurse, emergency medical technician, or other non-physician may not be billed using G0240 or G0241. Nor may any services performed by any physician or non-physician who is not physically present with the patient during interfacility transport be billed. Time spent in the referring facility, the receiving facility, and time spent prior to transport are not countable towards G0240 and G0241. Additionally, any time spent performing separately billable procedures may not be counted towards G0240 and G0241 (for example, insertion of chest tubes, insertion of intravenous lines and pacemakers, and cardiopulmonary resuscitation). All services bundled into 99291 and 99292 will also be bundled into G0240 and G0241.

Establishment of Interim Practice Expense Relative Value Units for New and Revised Physician's Current Procedural Terminology (CPT) Codes and New HCFA Common Procedure Coding System Codes for 2002

We have developed a process for establishing interim practice expense RVUs (PERVUs) for new and revised codes that is similar to that used for work RVUs. Under this process, the RUC recommends the practice expense direct inputs, that is, the staff time, supplies and equipment associated with each new code. We then review the recommendations in a manner similar to our evaluation of the recommended work RVUs.

The RUC recommendations on the practice expense inputs for the new and revised 2002 codes were submitted to us as interim recommendations. We, therefore, consider that these recommendations are still subject to further refinement by the PEAC, or by us, if it is determined that such future review is needed. We may also revisit these inputs in light of future decisions of the PEAC regarding supply and equipment packages and standardized approaches to pre- and postservice clinical staff times.

We have accepted, at least in the interim, almost all of the practice expense recommendations submitted by the RUC for the codes listed in table 6, AMA RUC and HCPAC Work RVU Recommendations and CMS Decisions for New and Revised 2002 CPT Codes.'' We made the following minor changes to the inputs where relevant:

- We substituted the RUC agreed-upon multispecialty minimum visit supply package for the list of individual supplies where appropriate.
- We deleted separately billable supplies, for example, drugs, fluids, casting supplies, when listed in the recommended supply list.
- We rounded fractions of minutes of clinical staff time to the nearest minute.
- The RUC agreed with the specialty society representing neurology that the magnetoencephalography codes, CPT 95965, 95966, 95967, are only performed in the facility setting and that they therefore had no direct practice expense inputs. However, we have subsequently heard from the specialty society that it has determined that a small number of practitioners do perform these services in the office setting and that there would be costs in that setting that should be reflected. We have accepted the suggestion that the TC of these codes be carrier-priced, at least until we can ascertain what direct cost inputs should be included when these services are performed in the non-facility setting.
- We are accepting the practice expense inputs recommended for CPT code *77418 (Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams (binary, dynamic, MLC, etc.)*, per treatment session, with the exception of the time for the radiation therapist which we are reducing from the recommended 123 minutes to 60 minutes. We are concerned that there may be overlap in the staff time for other codes billed in conjunction with CPT code 77418, such as CPT code *76950 (Ultrasound guidance for placement of radiation therapy fields)* and *CPT code 77417 (Therapeutic radiology port film(s)).*

Further, we understand that the code was valued assuming the typical time for the service was 60 minutes and included the time of two radiation therapists. We believe that the service commonly takes less than the recommended 123 minutes and it may involve only one therapist. As a result of these concerns, we are valuing the service using 60 minutes of radiation technician time. This valuation is considered interim during the refinement of practice expense RVUs. We also note that the practice expense RVUs for 77418 are being determined under the resource-based methodology even though the service has no physician work. We believe that the service will have a more appropriate relative payment amount if the practice expense RVUs are determined outside of the no work methodology.

- We did not receive a RUC recommendation for CPT code 93613, *Intracardiac electrophysiology,* or CPT 96004, *Gait and motion studies.* We have assumed that these services are performed only in the facility setting and have no direct inputs.

For the following CPT codes we did not receive practice expense recommendations. Therefore, we are providing practice expense inputs through crosswalking to an existing code as indicated below:

New/revised CPT code	Existing CPT/HCPCS code
20553 Therapeutic Injections	20550 Therapeutic Injections.
47370 Ablation of Hepatic Tumors	47562 Laparoscopic cholecystectomy.
47371 Ablation of Hepatic Tumors	47562 Laparoscopic cholecystectomy.
47380 Ablation of Hepatic Tumors	47350 Repair liver wound.

New/revised CPT code		Existing CPT/HCPCS code	
47381	Ablation of Hepatic Tumors	47350	Repair liver wound.
47382	Ablation of Hepatic Tumors	47525	Change bile duct catheter.
67225	Ocular Photodynamic Therapy	G0184	Ocular photodynamic tx, 2nd.
76362	Ablation of Hepatic Tumors	76360	CAT scan for needle biopsy.
76394	Ablation of Hepatic Tumors	76393	Mr guidance for needle place.
76490	Ablation of Hepatic Tumors	76942	Echo guide for biopsy.

C. Other Changes to the 2002 Physician Fee Schedule and Clarification of CPT Definitions

For the 2002 physician fee schedule, we are establishing or revising several alpha-numeric HCPCS codes for reporting certain services that are not clearly described by existing CPT codes.

In addition to the two new HCPCS codes for patient transport we have discussed in section IV.B., ''Establishment of Interim Work Relative Value Units for New and Revised Physician's Current Procedural Terminology (CPT) Codes and New Healthcare Common Procedure Coding System Codes (HCPCS) for 2002'' above; we are also establishing the HCPCS codes for the respiratory therapy services below.

Respiratory Therapy Codes

Respiratory therapists can deliver services incident to a physician's service or in a provider setting such as an outpatient hospital or a comprehensive outpatient rehabilitation facility. In the past, services delivered by respiratory therapists or other health professionals often have not been clearly described by the existing CPT codes. In order to clarify coding of these services, typically delivered by respiratory therapists, but at times delivered by other specially trained health professionals, we are instituting new G codes to describe these services.

We developed three codes for use to describe services to improve respiratory function:

G0237 Therapeutic Procedures To Increase Strength or Endurance of Respiratory Muscles, Face-to-Face, One-on-One, Each 15 Minutes (Includes Monitoring).

This service is to be billed when the therapist works with the patient to perform specific exercises aimed at strengthening the main and accessory muscles of respiration.

We have provided a specific value for this code based upon the time that a respiratory therapist, who we believe will be the typical professional providing this service, will spend performing this service and practice expenses crosswalked from other similar services. This code will have no physician work.

G0238 Therapeutic Procedures To Improve Respiratory Function, Other Than Ones Described by G0237, One-on-One, Face-to-Face, per 15 Minutes (Includes Monitoring)

G0239 Therapeutic Procedures To Improve Respiratory Function, Two or More Patients Treated During the Same Period, Face-to-Face (Includes Monitoring)

Codes G0237 and G0238 are billed in 15-minute increments. The method for ''counting'' the 15 minutes will be consistent with the method for counting minutes in many of the 97000 series CPT codes (see PM–01–68 for details). These codes would describe activities, such as monitored exercise, that improve respiratory function. Both G0238 and G0239 would be carrier-priced. The carriers have the authority to request information about the specific nature of the services delivered. CPT codes G0237–G0239 may not be billed with codes G0110 and G0111, which are restricted to services in the National Emphysema Treatment Trial (NETT), since they represent the same services.

These codes are designed to provide more specific information about the services being delivered. The availability of codes for services to improve respiratory function will make billing of CPT codes 97000–97799 inappropriate for professionals involved in treating respiratory conditions, unless these services are delivered by physical and occupational therapists and meet the other requirements for physical and occupational therapy services. We recognize that speech and language pathologists also occasionally treat patients to improve respiratory function as part of their treatment of speech and language disorders. Because the primary goal of these services is not to improve respiratory function, but to restore speech and communication, these services should be coded with 92507, ''treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation, individual).''

VI. Update of the Codes for the Physician Self-Referral Prohibition

On January 4, 2001 we published in the **Federal Register** a final rule with comment period, ''Medicare and Medicaid Programs; Physicians' Referrals to Health Care Entities With Which They Have Financial Relationships'' (66 FR 856). That final rule incorporated into regulations the provisions in paragraphs (a), (b) and (h) of section 1877 of the Social Security Act (the Act). Section 1877 of the Act prohibits a physician from referring a Medicare patient for certain ''designated health services'' to a health care entity with which the physician (or a member of the physician's immediate family) has a financial relationship, unless an exception applies. In the final rule, we published an attachment listing all of the CPT and HCPCS codes that defined the entire scope of the following designated health services for purposes of section 1877 of the Act: clinical laboratory services; physical therapy services (including speech-language pathology services); occupational therapy services; radiology and certain other imaging services; and radiation therapy services and supplies.

In the January 4, 2001 final rule, we stated that we would update the list of codes used to define these designated health services in an addendum to the annual final rule concerning physician fee schedule payment policies. Thus, we are now publishing an updated all-inclusive list of codes at Addendum E. We also will provide that update on our website at *www.hcfa.gov/medlearn/refphys.htm.* The purpose of this update is to conform the code list to the most recent publication of CPT and HCPCS codes. The list of codes will become effective on January 4, 2002. We are using the January 4, 2002 date because that is the effective date for all but one provision of the January 4, 2001 physician self-referral final rule (changes made to 42 CFR 424.22 in the final rule became effective on April 6, 2001). In future years, we intend to use a January 1 effective date to coincide with the effective date of the new CPT and HCPCS codes.

Table 8, below, identifies the CPT and HCPCS codes that have been added to

or deleted from the list of codes published as an attachment to the January 4, 2001 physician self-referral final rule. In that final rule, we stated that we would consider timely comments regarding the updated code list. Accordingly, we will consider comments with respect to the codes listed in Table 8, below, if we receive them by the date specified in the date section of this final rule.

TABLE 8.—ADDITIONS AND DELETIONS TO THE PHYSICIAN SELF-REFERRAL CODES

CPT[1] or HCPCS code	
Additions	
76085	Computer mammogram add-on.
77301	Radioltherapy dos plan, imrt.
77418	Radiation tx delivery, imrt.
92974	Cath place, cardio brachytx.
96000	Motion analysis, video/3d.
96001	Motion test w/ft press meas.
96002	Dynamic surface emg.
96003	Dynamic fine wire emg.
G0202	Screening mammography digital.
G0204	Diagnostic mammography digital.
G0206	Diagnostic mammography digital.
G0236	Digital film convert diag ma.
J1270	Injection, doxercalciferol.
J1755	Iron sucrose injection.
Q3018	Hepatitis B vaccine.
Deletions	
90744	Hepb vacc ped/adol 3 dose im.
90746	Hep B vaccine, adult, im.
90747	Hepb vacc, ill pat 4 dose im.

[1] CPT codes, descriptions and other data only are copyright 2001 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Clauses Apply.

Table 8 includes 2 codes (J1270 and J1755) that we have identified as dialysis-related outpatient prescription drugs. The physician self-referral prohibition will not apply to these services if they meet the conditions set forth in § 411.355(g) concerning the exception to the physician self-referral rule for EPO and other dialysis-related outpatient prescription drugs furnished in or by an ESRD facility. Table 8 also includes codes (G0202, 76085 and Q3018) that we have identified as screening tests and a vaccine. The physician self-referral prohibition will not apply to these services if they meet the conditions at § 411.355(h) concerning the exception for preventive screening tests, immunizations, and vaccines.

We note that, in response to our January 4, 2001 final rule with comment, we received a number of comments regarding designated health services. We intend to address those comments in a second final rule regarding the physician self-referral prohibition.

VII. Physician Fee Schedule Update for Calendar Year 2002

A. Physician Fee Schedule Update

The physician fee schedule update for 2002 is –4.8 percent. Under section 1848(d)(3) of the Act, the update is equal to 1 plus the product of the Medicare Economic Index (MEI) (divided by 100) and 1 plus the update adjustment factor. For 2002, the MEI is equal to 2.6 percent (1.026). A more detailed description of the MEI and its calculation follows. The update adjustment factor is equal to –7.0 percent (0.930). Section 1848(d)(4)(F) of the Act requires an additional –0.2 percent (0.998) reduction to the update for 2002. Thus, the product of the MEI (1.026), the update adjustment factor (0.930), and the statutory adjustment factor (0.998) equals the 2002 update of –4.8 percent (0.9523). The MEI and the update adjustment factor are described below.

B. The Percentage Change in the Medicare Economic Index

The MEI measures the weighted-average annual price change for various inputs needed to produce physicians' services. The MEI is a fixed-weight input price index, with an adjustment for the change in economy-wide labor productivity. This index, which has 1996 base weights, is comprised of two broad categories—physician's own time and physician's practice expense.

The physician's own time component represents the net income portion of business receipts and primarily reflects the input of the physician's own time into the production of physicians' services in physicians' offices. This category consists of two subcomponents—wages and salaries, and fringe benefits. These components are adjusted by the 10-year moving average annual percent change in output per man-hour for the nonfarm business sector to reflect productivity growth in physicians' offices.

The physician's practice expense category represents the rate of price growth in nonphysician inputs to the production of services in physicians' offices. This category consists of wages and salaries and fringe benefits for nonphysician staff and other nonlabor inputs. Like physician's own time, the nonphysician staff categories are adjusted for productivity using the 10-year moving average annual percent change in output per man-hour for the nonfarm business sector. The physician's practice expense component also includes the following categories of nonlabor inputs—office expense, medical materials and supplies, professional liability insurance, medical equipment, professional car, and other expense. Table 9 presents a listing of the MEI cost categories with associated weights and percent changes for price proxies for the 2002 update. The calendar year 2002 MEI is 2.6 percent.

TABLE 9.—INCREASE IN THE MEDICARE ECONOMIC INDEX UPDATE FOR CALENDAR YEAR 2002 [1]

Cost categories and price measures	1996 Weights [2]	CY 2002 percent changes
Medicare Economic Index Total	100.0	2.6
1. Physician's Own Time [3 4]	54.5	2.1

TABLE 9.—INCREASE IN THE MEDICARE ECONOMIC INDEX UPDATE FOR CALENDAR YEAR 2002 [1]—Continued

Cost categories and price measures	1996 Weights [2]	CY 2002 percent changes
a. Wages and Salaries: Average hourly earnings private nonfarm, net of productivity	44.2	2.0
b. Fringe Benefits: Employment Cost Index, benefits, private nonfarm, net of productivity	10.3	3.2
2. Physician's Practice Expense [3 4]	45.5	3.0
a. Nonphysician Employee Compensation	16.8	2.5
1. Wages and Salaries: Employment Cost Index, wages and salaries, weighted by occupation, net of productivity	12.4	2.3
2. Fringe Benefits: Employment Cost Index, fringe benefits, white collar, net of productivity	4.4	3.7
b. Office Expense: Consumer Price Index forUrban Consumers (CPI–U), housing	11.6	4.2
c. Medical Materials and Supplies: Producer Price Index (PPI), ethical drugs/PPI, surgical appliances and supplies/CPI–U, medical equipment and supplies (equally weighted)	4.5	1.8
d. Professional Liability Insurance: HCFA professional liability insurance survey [5]	3.2	4.0
e. Medical Equipment: PPI, medical instruments and equipment	1.9	0.6
f. Other Professional Expense	7.6	2.8
1. Professional Car: CP–U, private transportation	1.3	3.9
Other: CPI–U, all items less food and energy	6.3	2.6
Addendum:		
Productivity: 10-year moving average of output per man-hour, nonfarm business sector	n/a	2.0
Physician's Own Time, not productivity adjusted	54.5	4.3
Wages and salaries, not productivity adjusted	44.2	4.1
Fringe benefits, not productivity adjusted	10.3	5.3
Nonphysician Employee Compensation, not productivity adjusted	16.8	4.7
Wages and salaries, not productivity adjusted	12.4	4.3
Fringe benefits, not productivity adjusted	4.4	5.9

[1] The rates of historical change are for the 12-month period endingJune 30, 2001, which is the period used for computing the calendar year 2002 update. The price proxy values are based upon the latest available Bureau of Labor Statistics data as of September 18, 2001.

[2] The weights shown for the MEI components are the 1996 base-year weights, which may not sum to subtotals or totals because of rounding. The MEI is a fixed-weight, Laspeyres-type input price index whose category weights indicate the distribution of expenditures among the inputs to physicians' services for calendar year 1996. To determine the MEI level for a given year, the price proxy level for each component is multiplied by its 1996 weight. The sum of these products (weights multiplied by the price index levels) over all cost categories yields the composite MEI level for a given year. The annual percent change in the MEI levels is an estimate of price change over time for a fixed market basket of inputs to physicians' services.

[3] The Physician's Own Time and Nonphysician Employee Compensation category price measures include an adjustment for productivity. The price measure for each category is divided by the 10-year moving average of output per man-hour in the nonfarm business sector. For example, the fringe benefits component of the Physician's Own Time category is calculated by dividing the rate of growth in the employment cost index-benefits for private, nonfarm workers by the 10-year moving average rate of growth of output per man-hour for the nonfarm business sector. Dividing one plus the decimal form of the percent change in the employment cost index-benefits (1+.053=1.053) by one plus the decimal form of the percent change in the 10-year moving average of labor productivity(1+.020=1.020) equals one plus the change in the employment cost index-benefits for white collar workers net of the change in output per manhour (1.053/1.020=1.032). All Physician's Own Time and Nonphysician Employee Compensation categories are adjusted in this way. Due to a higher level of precision the computer calculated quotient may differ from the quotient calculated from rounded individual percent changes.

[4] The measures of productivity, average hourly earnings, Employment Cost Indexes, as well as the various Producer and Consumer Price Indexes can be found on the Bureau of Labor Statistics website—http://stats.bls.gov.

[5] Derived from a CMS survey of several major insurers (the latest available historical percent change data are for the period ending second quarter of 2001).

[7/a] Productivity is factored into the MEI compensation categories as an adjustment to the price variables; therefore, no explicit weight exists for productivity in the MEI.

C. The Update Adjustment Factor

Paragraphs (3) and (4) of section 1848(d)(3) of the Act indicate that the physician fee schedule update is equal to the product of the Medicare Economic Index and an ''update adjustment factor.'' The update adjustment factor is applied to the inflation update to reflect success or failure in meeting the expenditure target that the law refers to as ''allowed expenditures.'' Allowed expenditures are equal to actual expenditures in a base period updated each year by the sustainable growth rate (SGR). The SGR is a percentage increase that is determined by a formula specified in section 1848(f) of the Act. The next section of this final rule describes the SGR and its calculation in detail. The update adjustment factor is determined based on a comparison of actual and allowed expenditures. For years beginning with 1999, the BBA required that the update adjustment factor be determined under section 1848(d)(3) of the Act to equal—

- The difference between (1) the sum of the allowed expenditures for physicians' services (as determined under subparagraph (C)) for the period beginning April 1, 1997, and ending on March 31 of the year involved, and (2) the amount of actual expenditures for physicians' services furnished during the period beginning April 1, 1997, and ending on March 31 of the preceding year; divided by—
- The actual expenditures for physicians' services for the 12-month period ending on March 31 of the preceding year, increased by the sustainable growth rate under subsection (f) for the fiscal year which begins during such 12-month period.

The BBRA made changes to the methodology for determining the physician fee schedule update beginning in 2001. In particular, it established that the methodology in section 1848(d)(3) of the Act would only be used for determining the physician fee schedule update for 1999 and 2000; the physician fee schedule update for 2001 and subsequent years is determined under section 1848(d)(4) of the Act. While the general principle of adjusting the inflation update (the MEI) based on a comparison of actual and target expenditures (the update adjustment factor) is continuing, the BBRA made fundamental changes to the calculation of the update adjustment factor. These changes do two things. First, the measurement of actual

expenditures will occur on the basis of a calendar year rather than a April 1 to March 31 year. This essentially conforms the measurement of actual expenditures with other aspects of the SGR system that are also occurring on the basis of a calendar year as a result of BBRA amendments. As explained in our April 10, 2000 SGR notice (65 FR 19000), the BBRA essentially changed the SGR system from one that spanned 3 different time periods (1—Measurement of actual expenditures on the basis of a April 1 to March 31 period; 2—calculation of the SGR rate of increase on a Federal fiscal year basis; and 3—application of the update on a calendar year basis) to one that spans only one time period (all three elements are computed on the basis of a calendar year). Second, it ensures that any deviation between cumulative actual expenditures and cumulative allowed expenditures will be corrected over several years rather than in a single year. This will result in less year-to-year volatility in the physician fee schedule update than will occur if adjustments to the update are made to bring expenditures in line with the target in one year.

Under section 1848(d)(4)(A) of the Act, the physician fee schedule update for a year is equal to the product of—(1) 1 plus the Secretary's estimate of the percentage increase in the MEI for the year, and (2) 1 plus the Secretary's estimate of the update adjustment factor for the year. Under section 1848(d)(4)(B) of the Act, the update adjustment factor for a year beginning with 2001 is equal to the sum of the following—

- Prior Year Adjustment Component. An amount determined by—

+ Computing the difference (which may be positive or negative) between the amount of the allowed expenditures for physicians' services for the prior year (the year prior to the year for which the update is being determined) and the amount of the actual expenditures for such services for that year;

+ Dividing that difference by the amount of the actual expenditures for such services for that year; and

+ Multiplying that quotient by 0.75.

- Cumulative Adjustment Component. An amount determined by—

+ Computing the difference (which may be positive or negative) between the amount of the allowed expenditures for physicians' services from April 1, 1996 through the end of the prior year and the amount of the actual expenditures for such services during that period;

+ Dividing that difference by actual expenditures for such services for the prior year as increased by the sustainable growth rate for the year for which the update adjustment factor is to be determined; and

+ Multiplying that quotient by 0.33.

Section 1848(d)(4)(D) of the Act indicates that the update adjustment factor determined under section 1848(d)(4)(B) for a year may not be less than −0.07 or greater than 0.03. At this time, we estimate that the sum of the prior year and cumulative adjustment components will be less than −0.07 limit. In a letter to the Medicare Payment Advisory Commission and in data we made available to the public on the CMS website in March, we indicated that the estimated update adjustment factor for 2002 would be −1.5 percent. However, we also indicated that a number of factors could change our estimate of the update adjustment factor. Since our March estimate, a number of factors have changed that lower our estimate of allowed expenditures and increase our estimate of actual expenditures. Allowed expenditures have declined because real per capita gross domestic product (GDP) growth for 2000 is lower than the estimates in March. This occurs because of changes to economic figures for 2000 made at the Bureau of Economic Analysis. Further, current estimates of real GDP per capita growth for 2001 and 2002 are lower than in March. We provide a more detailed explanation of factors that affect our estimate of allowed expenditures in the next section of this final regulation on the SGR. An explanation of changes to actual expenditures follows.

As indicated above, we are currently estimating higher 2001 actual expenditures than we did in March. We did not have any Medicare claims data to develop our March estimates of actual expenditures for 2001. At this time, we are using claims received through June 30 to estimate actual expenditures for all of 2001. Based on the claims received in the first half of the year, our current estimates of actual expenditures for 2001 are higher than earlier estimates. We will be revising the measurement of actual expenditures for CY 2001 based on claims received through June 30, 2002. These revised figures will be determined no later than November 1, 2002. If the revised figures are different than current estimates, the difference will be reflected in the update adjustment factor used in determining the 2003 physician fee schedule update.

After taking into account the factors described above that affect allowed and actual expenditures, we originally estimated that the update adjustment factor for 2002 would be −5.4 percent or 1.6 percentage points more than the −7.0 percent limit on the update adjustment factor. However, in making updates to the list of codes that are included in the SGR, we discovered that a number of new procedure codes were inadvertently not included in the measurement of actual expenditures beginning in 1998. Therefore, the measurement of actual expenditures for 1998, 1999, and 2000 was lower than it should have been. As a result, the physician fee schedule update was higher in 2000 and 2001 than if we had included these codes. Including these codes in the measurement of actual expenditures results in a lower update adjustment factor than we earlier estimated. We will be making no changes to physician fee schedule payments made for services furnished in 2000 and 2001. However, under section 1848(d) of the Act, we must include these codes in the measurement of actual expenditures for historical, current, and future periods. While we do not currently know the precise effect of not measuring expenditures for all codes included in the SGR on the update adjustment factor for 2002, we are certain that it is in excess of 1.6 percentage points and is of sufficient magnitude to result in the update adjustment factor being less than the −7.0 percent statutory limit. In the near future, we expect to complete this analysis and update information that we make available on the CMS website. We plan to provide complete data that show quarterly allowed and actual expenditures for all procedure codes included in the SGR, as well as a list of the codes themselves.

Section 1848(d)(4)(A)(ii) of the Act indicates that 1 should be added to the update adjustment factor determined under section 1848(d)(4)(B) of the Act. Thus, adding 1 to −0.070 makes the update adjustment factor equal to 0.930.

(As indicated in the SGR discussion below, allowed expenditures through the end of CY 2001 will be revised one more time, not later than November 1, 2002. We will also be revising the measurement of actual expenditures for CY 2001 based on claims received through June 30, 2002, not later than November 1, 2002. The SGR for 2001 will also be revised one more time, and the SGR for 2002 will be revised two more times. The resulting effect from revisions of estimates will be reflected in the update adjustment factor determined for 2003.)

VIII. Allowed Expenditures for Physicians' Services and the Sustainable Growth Rate

A. Medicare Sustainable Growth Rate

Section 1848(f) of the Act, as amended by section 4503 of the BBA, replaced the Medicare Volume Performance Standard (MVPS) with a Sustainable Growth Rate (SGR). Section 1848(f)(2) of the Act specifies the formula for establishing yearly SGR targets for physicians' services under Medicare. The use of SGR targets is intended to control the actual growth in aggregate Medicare expenditures for physicians' services.

The SGR targets are not limits on expenditures. Payments for services are not withheld if the SGR target is exceeded by actual expenditures. Rather, the appropriate fee schedule update, as specified in section 1848(d)(3) of the Act, is adjusted to reflect the success or failure in meeting the SGR target. If expenditures exceed the target, the update is reduced. If expenditures are less than the target, the update is increased.

As with the MVPS, the statute specifies a formula to calculate the SGR based on our estimate of the change in each of four factors. The four factors for calculating the SGR are as follows—

(1) The estimated change in fees for physicians' services.

(2) The estimated change in the average number of Medicare fee-for-service beneficiaries.

(3) The estimated projected growth in real GDP per capita.

(4) The estimated change in expenditures due to changes in law or regulations.

Section 211 of the BBRA amended sections 1848(d) and 1848(f) of the Act with respect to the physician fee schedule update and the SGR. Section 211(b) of the BBRA maintains the formula for calculating the SGR, but amends section 1848(f)(2) of the Act to apply the SGR on a calendar year (CY) basis beginning with 2000 while maintaining the SGR on a fiscal year (FY) basis for FY 1998 through FY 2000. Specifically, section 1848(f)(2) of the Act, as amended by section 211(b) of the BBRA, states that ''* * * [t]he sustainable growth rate for all physicians' services for a fiscal year (beginning with fiscal year 1998 and ending with fiscal year 2000) and a year beginning with 2000 shall be equal to the product of—

(1) 1 plus the Secretary's estimate of the weighted average percentage increase (divided by 100) in the fees for all physicians' services in the applicable period involved,

(2) 1 plus the Secretary's estimate of the percentage change (divided by 100) in the average number of individuals enrolled under this part (other than Medicare+Choice plan enrollees) from the previous applicable period to the applicable period involved,

(3) 1 plus the Secretary's estimate of the projected percentage growth in real gross domestic product per capita (divided by 100) from the previous applicable period to the applicable period involved; and

(4) 1 plus the Secretary's estimate of the percentage change (divided by 100) in expenditures for all physicians' services in the applicable period (compared with the previous applicable period) which will result from changes in law and regulations, determined without taking into account estimated changes in expenditures resulting from the update adjustment factor determined under section 1848 (d)(3)(B) or (d)(4)(B) of the Act, as the case may be, minus 1 and multiplied by 100.''

Under section 1848(f)(4)(C) of the Act, the term ''applicable period'' means—(1) a FY, in the case of FY 1998, FY 1999 and FY 2000, and (2) a CY with respect to a year beginning with 2000.

Section 1848(d)(4)(C) of the Act requires us to make the transition from a FY SGR to a CY SGR in 1999 by using the FY 1999 SGR for the first 3 months of 1999 and the FY 2000 SGR for the 9-month period beginning April 1, 1999. Allowed expenditures for the year are equal to the sum of allowed expenditures for each respective period. The SGR for CY 2000 is then applied to allowed expenditures for CY 1999.

As stated in the April 10, 2000 final notice (65 FR 19000), the BBRA requires the estimates of the FY 2000 and CY 2000 SGRs to be revised based on more recent data, but, as explained below, the BBRA does not provide for revision of either the FY 1998 or the FY 1999 SGR. This means that, for the transition to a calendar year SGR system, allowed expenditures for the period April 1, 1999 through December 31, 1999 (determined by applying the FY 2000 SGR to allowed expenditures for the 12-month period ending March 31, 1999) are subject to change based on revision of the FY 2000 SGR; allowed expenditures for the period January 1, 1999 through March 31, 1999 (determined using the FY 1999 SGR) are not subject to revision.

In general, the BBRA requires us to publish SGRs for 3 different time periods, no later than November 1 of each year, using the best data available as of September 1 of each year. Under section 1848(f)(3)(C)(i) of the Act, as added by section 211(b)(5) of the BBRA, the SGR is estimated and subsequently revised twice (beginning with the FY and CY 2000 SGRs) based on later data. Under section 1848(f)(3)(C)(ii) of the Act, there are no further revisions to the SGR once it has been estimated and subsequently revised in each of the 2 years following the initial estimate.

The requirement of revisions to the SGR based on later data means that we will estimate and publish an SGR for the upcoming year, the contemporaneous year, and the preceding year by no later than November 1 of each year. For example, by no later than November 1, 2002, we will publish an estimate of the SGR for CY 2003, a revision of the CY 2002 SGR that is first being estimated in this notice, and a revision of the CY 2001 SGR first estimated in the final rule published on November 2, 2000 (65 FR 65429) and revised in this final rule. Under section 1848(f)(3)(C)(ii) of the Act, the final revision to the CY 2001 SGR will be announced in the **Federal Register** no later than November 1, 2002.

Subparagraphs (A) and (B) of section 1848(f)(3) of the Act, specify special rules with respect to the SGR and the CY 2001 and CY 2002 updates. Section 1848(f)(3)(A) of the Act required us, no later than November 1, 2000, to revise the SGRs for FY 2000 and CY 2000 and to establish the SGR for CY 2001, based on the best data available, as of September 1, 2000. We published our first estimate of the SGRs for FY 2000 and CY 2000 in a **Federal Register** notice on April 10, 2000 (65 FR 19000). Revised estimates of the SGRs for FY 2000 and CY 2000 and our original estimate of the SGR for CY 2001 appeared in the **Federal Register** on November 1, 2000 (65 FR 65429). We used each of the SGRs published in the November 1, 2000 **Federal Register** to determine the physician fee schedule update for 2001. Section 1848(f)(3)(B) of the Act requires us, by no later than November 1, 2001, to revise the SGRs for FY 2000 and CYs 2000 and 2001 and establish the SGR for CY 2002, based on the best data available as of September 1, 2001 and to use each of these SGRs to determine the physician fee schedule update for 2002. We are using each of the SGRs established in this notice to determine the 2002 physician fee schedule update. In accordance with section 1848(f)(3)(C)(ii) of the Act, there will be no further revisions to the FY 2000 and CY 2000 SGRs after the revisions we are making in this final rule.

B. Physicians' Services

Section 1848(f)(4)(A) of the Act defines the scope of physicians' services

covered by the SGR. The statute indicates that the term ''physicians' services'' includes other items and services (such as clinical diagnostic laboratory tests and radiology services), specified by the Secretary, that are commonly performed or furnished by a physician or in a physician's office, but does not include services furnished to a Medicare+Choice plan enrollee. The BBA and BBRA made no changes to this definition which was also used for the MVPS. We published a definition of physicians' services for use in the MVPS and subsequent SGR in the **Federal Register** (61 FR 59717) on November 22, 1996. We defined ''physicians' services'' to include many of the medical and other health services listed in section 1861(s) of the Act. Since the statute has made a number of changes to the definition of medical and other health services included in section 1861(s), we are updating our definition of physicians' services consistent with the statutory changes. Our practice has been to make adjustments to the SGR for medical and other health services added to the statute that meet the criterion of being ''commonly performed by a physician or a physicians' office.'' For instance, the BBA and the BIPA amended section 1861(s) of the Act to add new preventive benefits to the Medicare statute. Since these preventive services are generally provided by physicians or in physicians' offices, we made adjustments to the SGR to reflect additional Medicare expenditures for the newly-added Medicare benefits. Physicians' services for the SGR include the following medical and other health services if bills for the items and services are processed and paid by Medicare carriers:

- Physicians' services.
- Services and supplies furnished incident to physicians' services.
- Outpatient physical therapy services and outpatient occupational therapy services.
- Antigens prepared by or under the direct supervision of a physician.
- Services of physician assistants, certified registered nurse anesthetists, certified nurse midwives, clinical psychologists, clinical social workers, nurse practitioners, and clinical nurse specialists.
- Screening tests for prostate cancer, colorectal cancer, glaucoma.
- Screening mammography, screening pap smears and screening pelvic exams.
- Diabetes outpatient self-management training services.
- Medical nutrition therapy services.
- Diagnostic x-ray tests, diagnostic laboratory tests and other diagnostic tests.
- X-ray, radium, and radioactive isotope therapy.
- Surgical dressings, splints, casts, and other devices used for the reduction of fractures and dislocations.
- Bone mass measurements.

C. Provisions Related to the SGR

Section 211(b)(1) of the BBRA amends section 1848(f)(1) of the Act to require that SGR estimates be published in the **Federal Register** not later than November 1 of every year. In this notice, we are publishing our initial estimate of the SGR for 2002, a revised estimate of the SGR for 2001 and final estimates of the SGRs for FY and CY 2000.

In general, the update for a year is based on the Medicare Economic Index (MEI) as adjusted, within bounds, by the amount of actual expenditures for physicians' services compared to target (referred to as ''allowed'' in the statute) expenditures. A key difference between the MVPS and the SGR is that the comparison of actual and allowed expenditures is made on a cumulative basis under the SGR, while it was made on an annual basis under the MVPS. The ''update adjustment factor'' in section 1848(d)(4)(B) of the Act is an adjustment to the MEI that reflects the difference between actual expenditures and target expenditures.

Section 1848(d)(3)(C) of the Act, as modified by the BBA, defines allowed expenditures for the 12-month period ending March 31, 1997 to be equal to actual expenditures for physicians' services during that period (that is, April 1, 1996 through March 31, 1997), as we have estimated. Section 1848(d)(3)(C) of the Act defines allowed expenditures for subsequent 12-month periods to be equal to allowed expenditures for physicians' services for the previous year increased by the SGR for the FY which begins during the 12-month period. For example, allowed expenditures for the 12-month period April 1, 1997 through March 31, 1998 are equal to allowed expenditures for the 12 months ending March 31, 1997, increased by the SGR for FY 1998. The BBRA subsequently provided for a transition to a calendar year SGR system in 1999. Allowed expenditures for the first quarter of 1999 are determined using the FY 1999 SGR and allowed expenditures for the April 1, 1999 to December 31, 1999 period are determined using the FY 2000 SGR. Allowed expenditures in 2000 are equal to 1999 allowed expenditures increased by the 2000 SGR. Allowed expenditures for each subsequent year will equal expenditures from the prior year updated by the SGR.

Table 10 shows annual and cumulative allowed expenditures for physicians' services for each of the 12-month periods between April 1, 1996 and March 31, 2000, for 1999 and 2000.

TABLE 10

Period	Annual allowed expenditures (in billions)	Cumulative allowed expenditures (in billions)	FY or CY SGR
4/1/96–3/31/97	$48.9	$48.9	N/A
4/1/97–3/31/98	49.6	98.5	FY 1998=1.5%
4/1/98–3/31/99	49.4	47.9	FY 1998=−0.3%
1/1/99–3/31/99	12.5	[1]	FY 1999=−0.3%
4/1/99–12/31/99	39.6	[2]	FY 2000=6.9%
1/1/99–12/31/99	52.1	187.6	FY 1999/FY 2000
1/1/00–12/31/00	55.9	243.5	CY 2000=7.3%
1/1/01–12/31/01	59.3	302.7	CY 2001=6.1%
1/1/02–12/31/02	62.6	365.3	CY 2002=5.6%

[1] Included in $147.9 above.
[2] Included in $187.6 below.

Note: Allowed Expenditures for the first quarter of 1999 are based on the FY 1999 SGR and allowed expenditures for the last three quarters of 1999 are based on the FY 2000 SGR.

Allowed Expenditures in the First Year

(April 1, 1996–March 31, 1997) are equal to actual expenditures. All subsequent figures are equal to quarterly allowed expenditure figures increased by the applicable SGR. Cumulative allowed expenditures are equal to the sum of annual allowed expenditures. We provide more detailed quarterly allowed and actual expenditure data on the CMS website under the Medicare Actuary's publications at the following address: *http://www.hcfa.gov/pubforms/actuary/.* We expect to update this information in November.

Allowed expenditures for the April 1, 1999 through the December 31, 1999 period are based on the FY 2000 SGR. As previously discussed, section 1848(f)(3) of the Act requires two revisions to the FY and CY 2000 SGR. We made the first revision to the FY and CY 2000 SGR in the physician fee schedule final rule published in the **Federal Register** on November 1, 2000 (65 FR 65427). We are making the second and final revision in this final rule. Consistent with section 1848(f)(3)(B) of the Act, the revised FY and CY 2000 SGR uses the best data available to us as of September 1, 2001.

D. Preliminary Estimate of the SGR for 2002

According to subparagraphs (A) through (D) of section 1848(f)(2) of the Act, as amended by section 211(b) of the BBRA, we have determined the preliminary estimate of the CY 2002 SGR to be 5.6 percent. We first estimated the CY 2002 SGR in March and made the estimate available to the Medicare Payment Advisory Commission and our website. Our March and current estimates of the four statutory factors are indicated in table 11:

TABLE 11

Statutory factors	March estimate	Current estimate
Fees	1.6	2.3
Enrollment	0.4	0.7
Real Per Capita GDP	2.4	1.7
Law and Regulation	1.5	0.8
Total	6.0	5.6

Note: Consistent with section 1848(f)(2) of the Act, the statutory factors are multiplied, not added, to produce the total (that is, $1.023 \times 1.007 \times 1.017 \times 1.008 = 1.056$.) A more detailed explanation of each figure is provided below in section H.1.

E. Sustainable Growth Rate for CY 2001

According to subparagraphs (A) through (D) of section 1848(f)(2) of the Act, as amended by section 211(b) of the BBRA, our current estimate of the CY 2001 SGR is 6.1 percent. Table 12 shows our original estimate of the CY 2001 SGR published in the **Federal Register** on November 1, 2000 (65 FR 65433) and current estimates of the four statutory factors that determine the CY 2001 SGR:

TABLE 12

Statutory factors	11/1/00 estimate	Current estimate
Fees	1.9	1.9
Enrollment	0.9	3.0
Real Per Capita GDP	2.7	0.7
Law and Regulation	0.0	0.4
Total	5.6	6.1

A more detailed explanation of each figure is provided below in section H.2.

F. Sustainable Growth Rate for CY 2000

According to subparagraphs (A) through (D) of section 1848(f)(2) of the Act, as amended by section 211(b) of the BBRA, our current estimate of the CY 2000 SGR is 7.3 percent. Table 13 shows estimates included in the November 1, 2000 **Federal Register** (65 FR 65433) and current estimates of the four statutory factors that determine the CY 2000 SGR:

TABLE 13

Statutory factors	11/1/00 estimate	Current estimate
Fees	2.1	2.1
Enrollment	1.0	1.0
Real Per Capita GDP	4.3	3.2
Law and Regulation	0.5	0.8
Total	8.1	7.3

A more detailed explanation of each figure is provided below in section H.3.

G. Sustainable Growth Rate for FY 2000

According to subparagraphs (A) through (D) of section 1848(f)(2) of the Act, as amended by section 211(b) of the BBRA, our current estimate of the FY 2000 SGR is 6.9 percent. Table 14 shows estimates included in the November 1, 2000 **Federal Register** (65 FR 65433) and current estimates of the four statutory factors that determine the FY 2000 SGR:

TABLE 14

Statutory factors	11/1/00 estimate	Current estimate
Fees	2.1	2.1
Enrollment	0.8	0.5
Real Per Capita GDP	4.5	3.6
Law and Regulation	0.3	0.6
Total	7.9	6.9

A more detailed explanation of each figure is provided below in section H.3.

H. Calculation of the FY 2000, CY 2000, CY 2001, and CY 2002 Sustainable Growth Rates

1. Detail on the CY 2002 SGR

A more detailed discussion of our preliminary estimates of the four elements of the 2002 SGR follows.

Factor 1—Changes in Fees for Physicians' Services (Before Applying Legislative Adjustments) for CY 2002

This factor was calculated as a weighted average of the CY 2002 fee increases that apply for the different types of services included in the definition of physicians' services for the SGR.

Physicians' services as defined in sections 1861(s)(1) and (2) of the Act represent approximately 89 percent of allowed charges for physicians' services under the SGR and are updated by the Medicare Economic Index (MEI). Our current estimate of the MEI for 2002 is 2.6 percent. Diagnostic laboratory tests represent approximately 11 percent of the Medicare allowed charges for physicians' services under the SGR. The BBA provided for a 0.0 percent update for CY 2002 for laboratory services. Table 15 shows both the physicians' and laboratory service updates that were used to determine the percentage increase in physicians' fees for CY 2002.

TABLE 15

	Weight	Update
Physician	0.89	2.6
Laboratory	0.11	0.0
Weighted Average	1.0	2.3

After taking into account the elements described in the table, we estimate that the weighted-average increase in fees for CY 2002 for physicians' services under the SGR (before applying any legislative adjustments) will be 2.3 percent.

Factor 2—The Percentage Change in the Average Number of Part B Enrollees From CY 2001 to CY 2002

This factor is our estimate of the percent change in the average number of

fee-for-service enrollees for CY 2002 as compared to CY 2001 Medicare+Choice (M+C) plan enrollees, whose Medicare-covered medical care is outside the scope of the SGR, and who are excluded from this estimate. Our actuaries estimate that the average number of Medicare Part B fee-for-service enrollees (excluding beneficiaries enrolled in M+C plans) will increase by 0.7 percent in calendar year 2002. This estimate was derived by subtracting estimated M+C enrollment from estimated overall Medicare enrollment as illustrated in table 16.

TABLE 16

[In millions]

	2001	2002
Overall	37.828	38.149
Medicare+Choice	5.662	5.761
Net	32.166	32.388
Percent Increase:		0.7

Since 2002 has yet to begin, we currently only have estimates of this figure for 2002. An important factor affecting fee-for-service enrollment is beneficiary enrollment in Medicare+Choice plans. At this time, we do not know how actual enrollment in Medicare+Choice plans will compare to current estimates. While we do receive information on whether a Medicare+Choice plan will continue to participate or withdraw from the program, it remains difficult to estimate the number of beneficiaries who will select a Medicare+Choice plan or fee-for-service before the start of the calendar year. While some plans will no longer offer a Medicare+Choice plan, other plans are available as an option to most beneficiaries in areas where there have been plan withdrawals. It is difficult to estimate the size of the Medicare+Choice enrollee population before the start of a calendar year. Because we determine the fee-for-service enrollment figure net of the change in Medicare+Choice enrollment, early estimates of this factor are difficult to make. Our estimate of this factor is preliminary and only has minimal effect on the physician fee schedule update for CY 2002. The CY 2002 SGR will also be used in the calculation of the 2003 physician fee schedule update in a final rule to be published no later than November 1, 2002. By that time, we will have information on actual enrollment in Medicare+Choice plans for the first 8 months of CY 2002 and will be better able to predict the change in fee-for-service enrollment for the year.

Factor 3—Estimated Real Gross Domestic Product Per Capita Growth in CY 2002

Section 1848(f)(2)(C) of the Act, as amended by section 211 of the BBRA, requires us to estimate growth in real GDP per capita. This factor is applied on a CY basis beginning with the CY 2000 SGR. We estimate that the growth in real per capita GDP will be 1.7 percent in CY 2002. Our past experience indicates that there have also been large changes in estimates of real per capita GDP growth and the actual change in this factor. It is likely that this figure will change further as actual information on economic performance becomes available to us in 2002. Again, we note that we will use revised estimates of real per capita GDP growth in setting future year updates.

Factor 4—Percentage Change in Expenditures for Physicians' Services Resulting From Changes in Law or Regulations in CY 2002 Compared With CY 2001

Sections 101 through 104 of BIPA added Medicare coverage for screening glaucoma, authorized Medicare to pay for specific new technology mammography services, and changed coverage for screening pap smears, screening pelvic exams, and screening colonoscopy for average-risk individuals. In addition, section 105 of the BIPA also establishes a new benefit for medical nutrition therapy and expands access to telehealth services in section 223. Section 432 of the BIPA also requires that Medicare make payment to Indian Health Service hospitals and ambulatory clinics for physicians' and practitioners' services as well as outpatient physical and occupational therapy services that are included in the definition of physicians' services for purposes of the SGR. Since these provisions will increase Medicare expenditures for services that are included in the SGR, we are making an upward adjustment to reflect additional Medicare expenditures in 2002. Our estimates of the cost of these provisions for the period FY 2002–FY 2006 are included in our Notice of Proposed Rulemaking published in the **Federal Register** on August 2, 2001 (66 FR 40400).

We are making an adjustment to the SGR for one additional factor. In section VI.B. of this final rule, we provided a definition of physicians' services for purposes of the SGR. Historically, we have not measured expenditures for screening mammography under the SGR. However, section 1848(f)(4) of the Act indicates that ''physicians'' services includes other items and services (such as clinical diagnostic laboratory tests and radiology services), specified by the Secretary, that are commonly performed or furnished by a physician or in a physician's office.'' Screening mammography services are ''radiology services'' that are performed by ''physicians or in a physician's office.'' As a result, we are using this rule to add screening mammography to the list of services that are part of the SGR definition. Since we have not previously measured expenditures for screening mammography services under the SGR, it is appropriate to make an adjustment to this factor for the change to the definition of physicians' services. We are making an adjustment that reflects estimated payments for screening mammography services in CY 2002. We will make a subsequent revision based on actual expenditures for screening mammography.

After taking these provisions into account, the percentage change in expenditures for physicians' services resulting from changes in law or regulations is estimated to be 0.8 percent for 2002. In March, we estimated that this figure would be 1.5 percent. The 0.7 percentage point difference is due to a change in our estimate of the BIPA provisions. In March, we had no information about implementation of these provisions. We used updated assumptions about pricing and utilization based on proposed policies published in the August 2, 2001 proposed rule (66 FR 40400).

2. Detail on the CY 2001 SGR

A more detailed discussion of our current estimates of the four elements of the 2001 SGR follows.

Factor 1—Changes in Fees for Physicians' Services (Before Applying Legislative Adjustments) for CY 2001

We are continuing to use 1.9 percent for this element of the SGR for the CY 2001 SGR. This factor is unchanged from earlier estimates previously described for CY 2001 in the November 1, 2000 **Federal Register** (65 FR 65433).

Factor 2—The Percentage Change in the Average Number of Fee-for-Service Part B Enrollees From CY 2000 to CY 2001

This factor is our estimate of the percent change in the average number of fee-for-service enrollees for CY 2001 as compared to CY 2000. As we indicated above, this factor is difficult to estimate prior to the beginning of the period for which the estimates are being made because of the interaction of the fee-for-service and Medicare+Choice program and the lack of availability of actual data

on beneficiary selection of Medicare+Choice enrollment. We currently have information on actual enrollment in the Medicare+Choice program for CY 2001 and CY 2000 that permits estimates of the change in fee-for-service enrollment for these years that will be more reflective of the final actual enrollment and percent year-to-year change. The estimates for CY 2000 and CY 2001 were derived by subtracting estimated M+C enrollment from estimated overall Medicare enrollment as illustrated in table 17.

TABLE 17
[In millions]

	2000	2001
Overall	37.453	37.828
Medicare+Choice	6.233	5.662
Net	31.221	32.166
Percent Increase		3.0

Our actuaries estimate of the percent change in the average number of fee-for-service enrollees net of Medicare+Choice enrollment for 2001 compared to 2000 of 3.0 percent is more than our early estimate of this factor (0.9 percent for CY 2001 from the November 1, 2000 **Federal Register** (65 FR 65433)) because the historical base from which our actuarial estimate is made has changed. We currently have complete information on Medicare fee-for-service enrollment for 2000 that is lower than the figure we used one year ago. Further, we now have information on actual fee-for-service enrollment for the first 8 months of 2001. This figure is slightly higher than the figure used in the November 1, 2000 **Federal Register** (65 FR 65433). We would caution that our estimate of fee-for-service enrollment for 2001 may change once we have complete information for the entire year.

Factor 3—Estimated Real Gross Domestic Product Per Capita Growth in CY 2001

Section 1848(f)(2)(C) of the Act, as amended by section 211 of the BBRA, requires us to estimate growth in real GDP per capita. We estimate that the growth in real per capita GDP will be 0.7 percent in CY 2001. There have also been large changes in initial estimates of real per capita GDP growth and the actual change in this factor. There could be further changes in this factor once we have complete information on economic performance for the entire year. Again, we note that we will use revised estimates of real per capita GDP growth in setting future year updates.

Factor 4—Percentage Change in Expenditures for Physicians' Services Resulting From Changes in Law or Regulations in CY 2001 Compared With CY 2000

As described above, the BIPA makes changes to the Act that affect Medicare expenditures for services that are included in the SGR. Some of these provisions have no effect on Medicare expenditures in 2001 because they do not go into effect until 2002. Other provisions are effective at some time during 2001. Provisions that become effective in 2001 relate to new technology mammography and coverage changes for screening pap smears, screening pelvic exams and screening colonoscopy, expanded access to telehealth services and Medicare payment for services provided in Indian Health Service hospitals and clinics. After taking these provisions into account, the percentage change in expenditures for physicians' services resulting from changes in law or regulations is estimated to be 0.4 percent for 2001.

3. Detail on Calculation of the FY 2000 and CY 2000 SGRs

A more detailed discussion of our revised estimates of the four elements of the FY 2000 and CY 2000 SGRs follows.

Factor 1—Changes in Fees for Physicians' Services (Before Applying Legislative Adjustments) for FY 2000 SGR and CY 2000 SGR

We are continuing to use 2.1 percent for this element of the SGR for the FY 2000 SGR and the CY 2000 SGR. This factor is unchanged from earlier estimates previously described respectively for FY 2000 and CY 2000 in the October 1, 1999 **Federal Register** (64 FR 53395), the April 10, 2000 **Federal Register** (65 FR 19003) and the August 2, 2001 **Federal Register** (66 FR 40397).

Factor 2—The Percentage Change in the Average Number of Fee-for-Service Part B Enrollees for the FY 2000 SGR and CY 2000 SGR

This factor is our estimate of the percent change in the average number of fee-for-service enrollees for FY 2000 as compared to FY 1999 and CY 2000 as compared to CY 1999. We currently have complete information on actual enrollment in the Medicare+Choice program for FY 2000 and CY 2000 that permits a measure of change in fee-for-service enrollment for these years that reflects the actual change. The estimates for CY 2000 were derived by subtracting estimated M+C enrollment from estimated overall Medicare enrollment as illustrated in table 18.

TABLE 18
[In millions]

	1999	2000
Overall	37.115	37.453
Medicare+Choice	6.191	6.233
Net	30.923	31.221
Percent Increase		1.0

Our actuaries' estimate of the percent change in the average number of fee-for-service enrollees net of Medicare+Choice enrollment for 2000 compared to 1999 of 1.0 percent is the same as our estimate of this factor at this time last year (1.0 percent). However, the current estimate of 0.5 percent for FY 2000 is lower than the 0.8 percent estimate of this factor at this time last year.

Factor 3—Estimated Real Gross Domestic Product Per Capita Growth in FY 2000 and CY 2000

We estimate that real GDP per capita growth will be 3.6 percent for FY 2000 and 3.2 percent for CY 2000. In the FY 2000 SGR notice published on October 1, 1999 (64 FR 53396), we estimated that real GDP per capita growth for FY 2000 would be 1.8 percent. In our April 10, 2000 SGR notice, we estimated that real GDP per capita growth for CY 2000 would be 2.5 percent. In our November 1, 2000 final rule (65 FR 65433), we estimated that real GDP per capita growth would be 4.5 percent for FY 2000 and 4.3 percent CY 2000. The final figures that we will use for this factor are 3.6 percent for FY 2000 and 3.2 percent for CY 2000. The latest figures on real GDP per capita growth are approximately one percentage point less than estimated last year. The lower estimates are due to annual revisions of the National Income and Product Accounts (NIPA) by the Bureau of Economic Analysis. Usually, in annual revisions of the NIPA, new estimates incorporate source data that are more complete, more detailed, and otherwise more appropriate than those that were previously incorporated. In addition, several methodological changes have been made. (For detailed description of the NIPA revisions, see Brent R. Moulton, Eugene P. Seskin, and David F. Sullivan, ''Annual Revision of the National Income and Product Accounts: Annual Estimates, 1998–2000, Quarterly Estimates, 1998: 1–2000: I, Survey of Current Business'' (August, 2001): 7–32.)

Factor 4—Percentage Change in Expenditures for Physicians' Services Resulting From Changes in Law or Regulations in FY 2000 Compared with FY 1999, and CY 2000, Compared With CY 1999

As we explained in our October 1, 1999 and April 10, 2000 SGR notices, legislative changes contained in the BBA and the BBRA will have an impact on expenditures for physicians' services under the SGR in FY 2000 and CY 2000. Section 4103 of the BBA mandates a new prostate screening benefit effective January 1, 2000. Additionally, effective January 1, 2000, section 4513 of the BBA removes the requirement that a subluxation of the spine be demonstrated by an x-ray before Medicare payment can be made for chiropractic services furnished to a beneficiary. This provision will also result in a small increase in expenditures in FY 2000 and CY 2000. The impact of BBA Medicare Secondary Payer provisions will have small marginal impact on reducing expenditures in FY 2000 and CY 2000.

Certain BBRA provisions also have a small impact on expenditures in FY 2000 and CY 2000. Section 224 of the BBRA increases payments for pap smears and is slightly increasing expenditures. Section 221 of the BBRA postponed the implementation of payment caps on physical and occupational therapy and speech-language pathology services. The effect of this provision on physicians and independent practitioners is a small increase in expenditures for these years. Medicare expenditures for outpatient physical and occupational therapy services by therapists in independent practice are growing rapidly as a result of provisions of section 4541 of the BBA that require Medicare to make payments for facility-based therapy services under the physician fee schedule. Physical and occupational therapy services previously paid on the basis of a cost report through the Medicare fiscal intermediaries are more likely to be billed by therapists in independent practice because these services are no longer being paid on a cost basis. We analyzed growth in Medicare expenditures for physical and occupational therapy and believe that the larger rate of increase in Medicare expenditures for these services billed to carriers is likely a result of the statutory provisions that require the services to be paid under the Medicare physician fee schedule. We are making an upward adjustment to the SGR for this factor.

After taking into account these provisions, the percentage change in expenditures for physicians' services resulting from changes in law or regulations is estimated to be 0.6 percent for FY 2000 and 0.8 percent for CY 2000.

IX. Calculation of the 2002 Physician Fee Schedule and Anesthesia Conversion Factor

The 2002 physician fee schedule conversion factor is $36.1992. The separate 2002 national average anesthesia conversion factor is $16.60.

The specific calculations to determine the physician fee schedule and anesthesia conversion factor for calendar year 2002 are explained below.

Detail on Calculation of the Calendar Year 2002 Physician Fee Schedule Conversion Factor

• Physician Fee Schedule Conversion Factor

Under section 1848(d)(1)(A) of the Act, the physician fee schedule conversion factor is equal to the conversion factor for the previous year multiplied by the update determined under section 1848(d)(4) of the Act. In addition, section 1848(c)(2)(B)(ii)(II) of the Act requires that changes to relative value units (RVUs) cannot cause expenditures to increase or decrease by more than $20 million from the amount of expenditures that would have been made if such adjustments had not been made. We implement this requirement through a uniform budget neutrality adjustment to the conversion factor. There are two changes that will require us to make an adjustment to the conversion factor to comply with the budget neutrality requirement in section 1848(c)(2)(B)(ii)(II) of the Act. We are making a 0.460 percent reduction (0.9954) in the conversion factor to account for the increase in work RVUs resulting from the 5-year review. We are also making a 0.18 percent (0.9982) reduction in the conversion factor to account for an anticipated increase in the volume and intensity of services in response to the final year of the implementation of resource-based practice expense RVUs. As a result of the 5-year review of RVUs and additional budget-neutrality adjustments required by law, the conversion factor is 5.4 percent lower than last year's conversion factor.

The two budget neutrality factors are applied after the update is applied to the 2001 conversion factor:

TABLE 19

2001	Conversion Factor	$38.2581
2002	Update	0.9523
	Budget-Neutrality Adjustment: 5 Year Review	0.9954
	Budget-Neutrality Adjustment: Practice Expense Transition	0.9982
2002	Conversion Factor	$36.1992

• Anesthesia Fee Schedule Conversion Factor

Section 1848(b)(2)(B) of the Act indicates that, to the extent practicable, the Secretary will use the anesthesia relative value guide with appropriate adjustment of the conversion factor, in a manner to assure that the fee schedule amounts for anesthesia services are consistent with the fee schedule amounts for other services. The statute also requires the Secretary to adjust the conversion factor by geographic adjustment factors in the same manner as for other physician fee schedule services. Unlike other physician fee schedule services, anesthesia services are paid using a system of base and time units. The base and time units are summed and multiplied by a conversion factor. The base unit is fixed depending upon the type of anesthesia procedure performed, and the time units will vary based on the length of the anesthesia time associated with the surgical procedure. Thus, Medicare's payment will increase as anesthesia time lengthens. The same anesthesia service provided in two different surgeries will be paid different amounts if the associated anesthesia time is different. This system differs from other physician fee schedule services where payment is determined based on the product of RVUs and a conversion factor; payment for a given procedure will not vary based on the length of time it takes to perform the procedure in a specific instance.

Since anesthesia services do not have RVUs like other physician fee schedule services, we have had to make appropriate adjustments to the anesthesia fee schedule conversion factor to simulate changes to RVUs. We modeled the resource-based practice expense methodology using imputed anesthesia RVUs that were made comparable to other physician fee schedule services. As a result of modeling these changes, we are incorporating a 1.89 percent reduction (0.9811) to the anesthesia fee schedule conversion factor. We are incorporating an additional increase of 0.2 percent (1.002) to account for base unit revisions for 2002, both for the five-year review and for the alignment of CMS base units with ASA base units. All other adjustments (physician fee schedule update, adjustment for 5-year review of

physician work, adjustment for volume and intensity changes) made to the anesthesia fee schedule conversion factor are the same as those applied to the physician fee schedule. To determine the anesthesia fee schedule conversion factor for 2002, we used the following figures:

TABLE 20

2001 Anesthesia Conversion Factor	$17.83
2002 Update	0.9523
Practice Expense RVU Adjustment for 2002	0.9823
Adjustment for Base Unit Alignment	1.0020
5-Year Review	0.9954
Volume and Intensity Adjustment	0.9982
2003 Conversion Factor	$16.60

X. Provisions of the Final Rule

The provisions of this final rule restate the provisions of the August 2001 proposed rule, except as noted elsewhere in the preamble. Following is a highlight of the changes made from the proposed rule:

For screening glaucoma, we are revising the regulation in § 410.23(a)(2) to read ''Eligible beneficiary means individuals in the following high risk categories.'' This should allow us to more easily add high-risk groups by rulemaking should the medical evidence warrant it.

For G0117 Glaucoma Screening for High Risk Patients Furnished by an Optometrist or Ophthalmologist, we will assign 0.45 work RVUs, .02 malpractice RVUs, and we will crosswalk practice expense inputs from CPT code 92012.

For G0118 Glaucoma Screening for High Risk Patients Furnished Under the Direct Supervision of an Optometrist or Ophthalmologist, we will assign 0.17 work RVUs and 0.01 malpractice RVUs. For practice expense, we will also crosswalk this code to CPT code 92012.

For medical nutrition therapy, we made various changes in response to comments received. For detailed information, see section III.G.

For telehealth services section 1834(m)(3) of the Act specifies that sections 1842(b)(18)(A) and (B) apply to physicians and practitioners receiving payment for telehealth services and to originating sites receiving a facility fee, in the same manner as they apply to practitioners. This section requires that payment for these services may only be made on an assignment-related basis. We did not reflect this provision in the proposed rule. Nonetheless, because this requirement is required by the plain language of the law and because we are without discretion with respect to its application, we are implementing it in this final rule in new § 414.65(d).

Other Issues

Included in the comments we received were issues and topics that were not specifically included as proposals in the August 2, 2001 proposed rule such as coding issues on specific services, the need to expand dissemination of information on Medicare benefits and a variety of other topics. While we do not address these specifically in this rule, we will ensure that the appropriate CMS components are aware of the concerns expressed and would hope that these concerns can be addressed through appropriate channels.

XI. Collection of Information Requirements

Under the Paperwork Reduction Act (PRA) of 1995, we are required to provide 30-day notice in the **Federal Register** and solicit public comment before a collection of information requirement is submitted to the Office of Management and Budget (OMB) for review and approval. In order to fairly evaluate whether an information collection should be approved by OMB, section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 requires that we solicit comment on the following issues:

- The need for the information collection and its usefulness in carrying out the proper functions of our agency.
- The accuracy of our estimate of the information collection burden.
- The quality, utility, and clarity of the information to be collected.
- Recommendations to minimize the information collection burden on the affected public, including automated collection techniques.

We are soliciting public comment on each of these issues for § 410.132 in this document, which contains information collection requirements.

Paragraph (c) of this section requires a referring physician or practitioner to maintain referral documentation in the beneficiary's medical record for each referral.

We believe the burden associated with these provisions is exempt in accordance with 5 CFR 1320.3(b)(2) because the time, effort, and financial resources necessary to comply with these requirements would be incurred by referring physicians and practitioners in the normal course of business activities.

If you comment on these information collection and recordkeeping requirements, please mail copies directly to the following:

Centers for Medicare & Medicaid Services, Office of Information Services, Information Technology Investment Management Group, Attn.: John Burke, CMS–1169–FC, Room N2–14–26, 7500 Security Boulevard, Baltimore, MD 21244–1850.

Office of Information and Regulatory Affairs, Office of Management and Budget, Room 10235, New Executive Office Building, Washington, DC 20503, Attn: Allison Eydt, CMS Desk Officer.

XII. Response to Comments

Because of the large number of items of correspondence we normally receive on **Federal Register** documents published for comment, we are not able to acknowledge or respond to them individually. We will consider all comments we receive by the date and time specified in the **DATES** section of this preamble, and, if we proceed with a subsequent document, we will respond to the comments in the preamble to that document.

XIII. Regulatory Impact Analysis

We have examined the impact of this final rule as required by Executive Order 12866, the Unfunded Mandates Reform Act of 1995 (UMRA) (Pub. L. 104–4), the Regulatory Flexibility Act of 1980 (RFA) (Pub. L. 96–354), and Executive Order 13132 of August 4, 1999 (Federalism).

EO 12866 directs agencies to assess costs and benefits of available regulatory alternatives and, when regulation is necessary, to select regulatory approaches that maximize net benefits (including potential economic, environmental, public health and safety effects, distributive impacts, and equity). A regulatory impact analysis (RIA) must be prepared for major rules with economically significant effects ($100 million or more annually). While the changes in the Medicare physician fee schedule are, for the most part, budget neutral, they do involve redistribution of Medicare spending among procedures and physician specialties. The redistributive effect of this rule on any particular specialty is in our estimate likely to exceed $100 million for at least one specialty group. For this reason we are considering this a major economic rule.

However, it is important to note, as indicated in section VII of this preamble, the physician fee update for 2002 under section 1848(d) of the Act is −4.8 percent of an estimated $41.2 billion in physician expenditures for 2001. Even though the physician fee schedule update is −4.8 percent, we project that the total Medicare

expenditures for physicians' services will increase from $41.2 billion to $41.7 billion in 2002.

The UMRA also requires (in section 202) that agencies prepare an assessment of anticipated costs and benefits before developing any rule that may result in expenditure in any one year by State, local, or tribal governments, in the aggregate, or by the private sector, of $110 million or more. We have determined that this rule has no consequential effect on State, local, or tribal governments. We believe the private sector cost of this rule falls below the above-stated threshold as well.

The RFA requires that we analyze regulatory options for small businesses and other small entities. We prepare a Regulatory Flexibility Analysis unless we certify that a rule would not have a significant economic impact on a substantial number of small entities. The analysis must include a justification concerning the reason action is being taken, the kinds and number of small entities the rule affects, and an explanation of any meaningful options that achieve the objectives and lessen significant adverse economic impact on the small entities.

In addition, section 1102(b) of the Act requires us to prepare a regulatory impact analysis if a rule may have a significant impact on the operations of a substantial number of small rural hospitals. This analysis must conform to the provisions of section 604 of the RFA. For purposes of section 1102(b) of the Act, we define a small rural hospital as a hospital that is located outside of a Metropolitan Statistical Area and has fewer than 100 beds.

For purposes of the RFA, all physicians are considered to be small entities. There are about 700,000 physicians and other practitioners who receive Medicare payment under the physician fee schedule.

For the purpose of EO 12866 and the RFA we have prepared the following analysis, which, together with the rest of this preamble, meets all four assessment requirements. It explains the rationale for and purpose of the rule, details the costs and benefits of the rule, analyzes alternatives, and presents the measures we considered to minimize the burden on small entities.

A. 5 Year Review of Physician Work and Resource-Based Practice Expense Relative Value Units

Revisions in physician work and resource-based practice expense RVUs for physicians' services are required by law to be budget neutral. We calculate total payments from the revisions to work and practice expense relative value units such that total payments do not change more than $20 million as a result of the revisions. Increases in payments for some services are necessarily offset by decreases in payments for other services. For revisions to physician work values that are occuring as part of the 5-year review, we are making a budget neutrality adjustment to the physician fee schedule conversion factor. For practice expense, we adjust all the practice expense RVUs upwards or downwards to meet the budget neutrality requirement in the statute. This means that increases in practice expense RVUs for some services will be offset by corresponding decreases in values for other services. We showed the impact of proposed changes in physician work and practice expense RVUs in our Notice of Proposed Rulemaking in the **Federal Register** on August 2, 2001 (65 FR 40397). Table 21 shows the impact on total allowed charges by specialty of this final rule's physician work and practice expense RVU changes. We are showing the impact of the proposed rule changes as well additional changes that are occurring as a result of this final rule. There are five changes we are adopting in this final rule that result in changes to the impacts displayed in the proposed rule. Table 21 incorporates additional impacts that result from using 2000 utilization data to determine the resource-based practice expense RVUs. This change has a very modest effect on payment for nearly all specialties. Based on public comments to our notice of proposed rulemaking, we have also made changes to physician work RVUs that were part of the 5-year review. These changes will increase payments to Gastronterology, General Surgery, Obstetrics and Gynecology and Podiatry. We also incorporated revised physician time data supplied to us by the Relative Value Update Committee (RUC). Relative to the physician times used in our proposed rule, there were slight refinements to some codes. With the exception of Nephrology, the new times have virtually no impact on specialty level payments. Nephrology payments will go up as a result of using new physician times supplied to us by the RUC. The RUC supplied us with a time of 186 minutes for the highest volume nephrology procedure code, 90921. This compared to a physician time of 153 minutes that was previously used. Finally, we also incorporated refinements to the practice expense inputs that are being recommended by the Practice Expense Advisory Committee (PEAC) and the RUC. These changes will result in a reduction in average payments to rheumatology of about 6 percent. This occurs primarily as a result of refinements to 4 codes that are frequently performed by rheumatologists (20610, 20550, 20605 and 20600). Based on the PEAC and RUC comments, we made changes to the practice expense inputs that result in a reduction in relative payments for these procedure codes. Other specialties that will experience a smaller reduction in payments as a result of the practice expense refinements for 2002 are Orthopedic Surgery, Podiatry and Urology. Since the changes are budget neutral, the reductions in practice expense RVUs will be offset by increases in practice expense payments that will be broadly distributed among other physician specialties.

Table 21 shows the impact of this final rule compared to the proposed rule that was published on August 2, 2001. We note that the table shows the impact of this rule only and does not incorporate practice expense changes from three other final rules, November 2, 1998 (63 FR 58895), November 2, 1999 (64 FR 59433) and November 1, 2000 (65 FR 65377). The table shows the average specialty change in payments in CY 2002 that are occurring as a result of this final rule relative to what would have occurred in 2002 had this rule not been published. The rule shows the redistributive (or relative) change in payments among specialties. It does not show the absolute average change in specialty level payments from 2001 to 2002 that are also affected by the final year of the transition to resource-based practice expense RVUs and the physician fee schedule update. The transition to resource-based RVUs is complete in CY 2002 and has no effect when comparing the impact on CY 2002 payments before and after changes made in this final rule. The physician fee schedule update and change to the conversion factor are discussed in sections VII and IX, respectively.

TABLE 21.—IMPACT OF PHYSICIAN WORK AND PRACTICE EXPENSE RELATIVE VALUE UNIT CHANGES—FINAL RULE COMPARED TO PROPOSED RULE

Specialty	Allowed charges (billions)	Proposed rule impact (percent)	Final rule impact (percent)
Anesthesiology	$1.5	1	1
Cardiac Surgery	0.3	0	0
Cardiology	4.2	0	−1
Chiropractor	0.4	0	0
Clinics	1.6	0	0
Dermatology	1.4	1	2
Emergency Medicine	1.0	0	0
Family Practice	3.3	0	0
Gastroenterology	1.2	1	3
General Practice	1.0	0	0
General Surgery	2.0	4	4
Hematology Oncology	0.6	0	1
Internal Medicine	7.1	0	1
Nephrology	1.0	0	2
Neurology	0.9	0	0
Neurosurgery	0.4	0	0
Nonphysician Practitioner	1.2	0	1
Obstetrics/Gynecology	0.4	1	2
Ophthalmology	3.9	–1	–1
Optometrist	0.5	0	–3
Orthopedic Surgery	2.3	0	–1
Other Physician	1.4	1	0
Otolaryngology	0.6	0	1
Pathology	0.6	3	3
Plastic Surgery	0.2	0	1
Podiatry	1.1	1	0
Psychiatry	1.1	0	0
Pulmonary	1.1	0	1
Radiation Oncology	0.7	0	−2
Radiology	3.3	0	−1
Rheumatology	0.3	0	−6
Suppliers	0.7	2	0
Thoracic Surgery	0.5	1	0
Urology	1.3	1	1
Vascular Surgery	0.3	2	1

Table 22, titled Impact of 5-Year Review and Proposed Rule on Medicare Payments for Selected Procedures, shows the percentage change in total payment (in CY 2002 physician fee schedule dollars) for selected high-volume procedures that result from changes to the physician work, practice expense and malpractice announced in this final rule. These tables reflect the impact of this final rule only on the fully implemented fee schedule amount. The payments in these columns are determined using a conversion factor $36.1992. The RVUs used for calculating payment in the ''old'' columns are from the November 1, 2000 final rule. The RVUs used in calculating payments in the ''new'' columns are from this final rule. By using the same conversion factor of $36.1992 to calculate payments in both the ''old'' and ''new'' columns, the impact of changes to the RVUs that are included in this final rule are illustrated. These tables do not show the actual impact on payment from 2001 to 2002 that are also affected by the final year of the practice expense transition and physician fee schedule update.

TABLE 22.—IMPACT OF 5 YEAR REVIEW AND PROPOSED RULE ON MEDICARE PAYMENT FOR SELECTED PROCEDURES

HCPCS	MOD	DESC	Old non-facility	New non-facility	Percent change	Old facility	New facility	Percent change
11721		Debride nail, 6 or more	$40.18	$36.92	−8	$28.96	$28.96	0
17000		Destroy benign/premal lesion	60.45	62.62	4	32.58	32.94	1
27130		Total hip replacement	NA	NA	NA	1,419.01	1,452.31	2
27236		Treat thigh fracture	NA	NA	NA	1,088.87	1,113.85	2
27244		Treat thigh fracture	NA	NA	NA	1,111.68	1,137.38	2
27447		Total knee replacement	NA	NA	NA	1,483.08	1,514.21	2
33533		CABG, arterial, single	NA	NA	NA	1,756.02	1,827.34	4
35301		Rechanneling of artery	NA	NA	NA	1,107.33	1,061.36	−4
43239		Upper GI endoscopy, biopsy	281.99	354.75	26	148.78	154.93	4
45385		Lesion removal colonoscopy	474.93	571.22	20	283.44	287.78	2
66821		After cataract laser surgery	217.56	229.50	6	203.44	213.94	5
66984		Cataract surg w/iol, i stage	NA	NA	NA	660.27	669.32	1
67210		Treatment of retinal lesion	594.03	603.08	2	544.44	546.61	0

TABLE 22.—IMPACT OF 5 YEAR REVIEW AND PROPOSED RULE ON MEDICARE PAYMENT FOR SELECTED PROCEDURES—Continued

HCPCS	MOD	DESC	Old non-facility	New non-facility	Percent change	Old facility	New facility	Percent change
71010	26	Chest x-ray	9.05	9.05	0	9.05	9.05	0
71020	26	Chest x-ray	11.22	11.22	0	11.22	11.22	0
76091		Mammogram, both breasts	84.34	90.50	7	NA	NA	NA
76091	26	Mammogram, both breasts	35.11	43.44	24	35.11	43.44	24
76092		Mammogram, screening	71.03	80.72	14	71.03	80.72	14
76092	26	Mammogram, screening	22.73	35.48	56	22.73	35.48	56
77427		Radiation tx management, x5	167.24	167.96	0	167.24	167.96	0
78465	26	Heart image (3d), multiple	75.29	74.93	−1	75.29	74.93	−1
88305	26	Tissue exam by pathologist	39.82	40.54	2	39.82	40.54	2
90801		Psy dx interview	145.52	144.80	−1	137.19	137.19	0
90806		Psytx, off, 45–50 min	96.65	95.93	−1	91.22	91.22	0
90807		Psytx, off, 45-50 min w/e&m	103.89	103.53	0	98.82	98.82	0
90862		Medication management	51.04	51.04	0	46.33	46.33	0
90921		ESRD related services, month	263.89	273.30	4	263.89	273.30	4
90935		Hemodialysis, one evaluation	NA	NA	NA	73.48	76.38	4
92004		Eye exam, new patient	124.16	123.44	−1	87.60	87.96	0
92012		Eye exam established pat	62.62	61.18	−2	35.84	35.84	0
92014		Eye exam & treatment	89.77	91.22	2	59.00	58.64	−1
92980		Insert intracoronary stent	NA	NA	NA	799.64	790.59	−1
92982		Coronary artery dilation	NA	NA	NA	592.22	584.26	−1
93000		Electrocardiogram, complete	26.06	25.34	−3	NA	NA	NA
93010		Electrocardiogram report	9.05	9.05	0	9.05	9.05	0
93015		Cardiovascular stress test	102.81	99.91	−3	NA	NA	NA
93307	26	Echo exam of heart	48.51	48.14	−1	48.51	48.14	−1
93510	26	Left heart catheterization	232.76	230.59	−1	232.76	230.59	−1
98941		Chiropractic manipulation	35.48	35.48	0	30.77	31.13	1
99202		Office/outpatient visit, new	60.45	61.54	2	45.61	45.61	0
99203		Office/outpatient visit, new	90.50	91.95	2	69.50	69.50	0
99204		Office/outpatient visit, new	130.32	130.68	0	102.81	102.81	0
99205		Office/outpatient visit, new	165.07	166.15	1	136.11	136.47	0
99211		Office/outpatient visit, est	19.91	20.27	2	8.69	8.69	0
99212		Office/outpatient visit, est	35.48	36.20	2	23.17	23.17	0
99213		Office/outpatient visit, est	49.59	50.32	2	34.03	34.03	0
99214		Office/outpatient visit, est	78.19	78.91	1	55.75	56.11	1
99215		Office/outpatient visit, est	114.39	115.84	1	90.14	90.50	0
99221		Initial hospital care	NA	NA	NA	65.16	65.16	0
99222		Initial hospital care	NA	NA	NA	107.87	108.24	0
99223		Initial hospital care	NA	NA	NA	150.59	150.95	0
99231		Subsequent hospital care	NA	NA	NA	32.58	32.58	0
99232		Subsequent hospital care	NA	NA	NA	53.21	53.57	1
99233		Subsequent hospital care	NA	NA	NA	76.02	76.38	1
99236		Observ/hosp same date	NA	NA	NA	213.58	214.66	1
99238		Hospital discharge day	NA	NA	NA	64.07	66.24	3
99239		Hospital discharge day	NA	NA	NA	87.60	90.86	4
99241		Office consultation	46.33	47.06	2	32.94	33.30	1
99242		Office consultation	86.15	87.24	1	67.69	68.05	1
99243		Office consultation	114.39	115.84	1	90.14	90.14	0
99244		Office consultation	162.53	164.34	1	133.21	133.58	0
99245		Office consultation	211.04	212.85	1	176.65	177.01	0
99251		Initial inpatient consult	NA	NA	NA	36.20	34.75	−4
99252		Initial inpatient consult	NA	NA	NA	71.31	69.86	−2
99253		Initial inpatient consult	NA	NA	NA	96.65	95.20	−2
99254		Initial inpatient consult	NA	NA	NA	138.28	136.83	−1
99255		Initial inpatient consult	NA	NA	NA	189.68	188.60	−1
99261		Follow-up inpatient consult	NA	NA	NA	23.53	21.72	−8
99262		Follow-up inpatient consult	NA	NA	NA	45.25	43.44	−4
99263		Follow-up inpatient consult	NA	NA	NA	66.24	64.80	−2
99282		Emergency dept visit	NA	NA	NA	26.43	26.43	0
99283		Emergency dept visit	NA	NA	NA	59.37	59.37	0
99284		Emergency dept visit	NA	NA	NA	92.67	92.67	0
99285		Emergency dept visit	NA	NA	NA	144.43	144.80	0
99291		Critical care, first hour	NA	NA	NA	197.65	198.37	0
99292		Critical care, addl 30 min	NA	NA	NA	98.46	98.82	0
99301		Nursing facility care	60.09	70.23	17	60.09	60.09	0
99302		Nursing facility care	80.36	95.57	19	80.36	80.72	0
99303		Nursing facility care	99.91	118.73	19	99.91	100.27	0
99311		Nursing fac care, subseq	30.05	40.18	34	30.05	30.05	0
99312		Nursing fac care, subseq	49.59	61.90	25	49.59	49.95	1
99313		Nursing fac care, subseq	70.59	84.34	20	70.59	70.95	1

TABLE 22.—IMPACT OF 5 YEAR REVIEW AND PROPOSED RULE ON MEDICARE PAYMENT FOR SELECTED PROCEDURES—Continued

HCPCS	MOD	DESC	Old non-facility	New non-facility	Percent change	Old facility	New facility	Percent change
99348	.....	Home visit, est patient	73.12	73.85	1	NA	NA	NA
99350	.....	Home visit, est patient	166.88	166.52	0	NA	NA	NA

(In two different places above, we indicate that the tables do not include the effect of the ''final'' year of the practice expense transition. While we note that resource-based practice expense will be fully implemented in 2002, our expectation is that we would continue to make refinements that improve the practice expense relative value units. We acknowledge that the efforts of the PEAC and RUC to make useful comments on practice expense inputs have resulted in significant improvements to the data we are using to determine practice expense relative value units. The refinements we have made to date have affected hundreds of procedure codes accounting for a high percentage of Medicare expenditures paid under the physician fee schedule. Our expectation is that this work will continue and we continue, to welcome comments and input from all members of the public interested in these issues).

B. Nurse Practitioners, Physician Assistants, and Clinical Nurse Specialists Performing Screening Sigmoidoscopies

As discussed in section II.B. of the preamble, this regulation will expand the list of practitioners for whose services Medicare may make payment for screening flexible sigmoidoscopies to include nurse practitioners, physician assistants, and clinical nurse specialists, as long as those practitioners meet applicable Medicare qualification requirements, and they are authorized to perform those screening services under State law. At present, the Medicare condition of coverage for screening flexible sigmoidoscopies limits coverage of those services to those that are performed by either a doctor of medicine or osteopathy (as defined in section 1861(r)(1) of the Act) who is authorized under State law to perform the examination.

We estimate that this expansion in the scope of practitioners who can receive Medicare payment for screening flexible sigmoidoscopies will increase beneficiary access to these screening services and will result in an increase in the number of covered exams that are performed. At the same time, we estimate that this final rule will result in a decrease in payments that are made for certain screening flexible sigmoidoscopies because they will be performed by nurse practitioners, physician assistants, and clinical nurse specialists, since services they provide are paid at 85 percent of the amount of payment that is made to physicians for the same screening service. Taking these factors into account, we estimate that this provision will result in negligible additional Medicare program costs. For a more detailed discussion of this provision see section II.B. of this preamble.

C. Services and Supplies Incident to a Physician's Professional Services—Conditions

Under this rule auxiliary personnel may provide services incident to the services of physicians (or other practitioners) who supervise them, regardless of the employment relationship. There are no costs or savings to the Medicare program associated with this provision. This provision could result in increased beneficiary access to the auxiliary personnel. For a more detailed discussion of this provision see section II.C. of this preamble.

D. Anesthesia Services—Anesthesia Base Units

As previously discussed in section II.D. of the preamble, with the exception of codes 00142 and 00147, we are using the same anesthesia base unit per anesthesia code as the ASA provides in its uniform relative value guide. There are eleven codes where our base unit value for an anesthesia code differed from the corresponding ASA base unit. Using the ASA base units resulted in an increase for 8 codes and a decrease for 3 codes. New and revised codes starting in CY 2000 and for subsequent years are evaluated on a code-specific basis under our usual process after we receive recommendations from the RUC. Thus, because of our review of the RUC recommendations, there could be differences between the ASA's guide and our base units beginning in CY 2000.

We have determined the budget neutrality impact on the anesthesia CF for the 11 codes for which CMS's base units are equal to the ASA's base units as well as the addition of 19 new anesthesia codes in CY 2002. The impact was determined by estimating the increase or decrease in base units between our base units and the ASA's base units for existing codes as well as the increase and decrease in base units between the new 2002 codes and the previous codes by which the services would have been reported. This results in an increase of approximately .2 percent in the 2002 anesthesia CF. For a more detailed discussion of this provision see section II.D. of this preamble.

E. Performance Measurement and Emerging Technology Codes

As previously discussed in section II.E. of the preamble, the AMA has developed two new categories of codes—performance codes and emerging technology. Allowing the performance measurement code to be recorded on Medicare billing forms will have no budgetary impact since we are not proposing payment for these codes. We are allowing for carrier pricing of the emerging technology codes.

We expect that the emerging technology codes will be used infrequently and may be used in place of ''unlisted'' procedure codes that are also carrier-priced. There would be few, if any, Medicare program costs associated with this proposal. For a more detailed discussion of this provision see section II.E. of this preamble.

F. BIPA Provisions Included in This Final Rule

The following provisions of the BIPA are discussed in detail in section III of this preamble. This final rule conforms the regulations text to the BIPA provisions. We showed the anticipated costs associated with the BIPA provisions in our August 2, 2001 proposed rule (66 FR 40400). We are showing that same table again in table 23 below.

TABLE 23.—MEDICARE COST ESTIMATES FOR BIPA 2000 PROVISIONS

[In millions]

BIPA provisions	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006
Sec. 101 Biennial Pelvic Examinations	10	20	20	20	20
Sec. 102 Screening Glaucoma	30	50	50	60	60
Sec. 103 Screening Colonoscopy	40	40	30	10	10
Sec. 104 Screening Mammography	30	40	40	40	50
Sec. 105 Medical Nutrition	20	50	60	70	70
Sec. 223 Telehealth Services	20	30	40	50	60
Sec. 432 Indian Health	60	70	80	80	90

1. Screening Mammography

As discussed in section III.A. of the preamble, the BIPA eliminates the statutorily prescribed payment rate for screening mammography and specifies that it will be paid under the physician fee schedule beginning January 1, 2002. To pay for the professional component of the screening mammography, we are using the work and malpractice RVUs that have been established for unilateral diagnostic mammography. We are establishing the practice expense RVUs for the professional component under the resource-based methodology. The process we used to establish the practice expense RVU for the TC is described in detail in section III.A. Currently, we pay for screening mammography under section 1834(c) of the Act. Payment for screening mammography under that section is not subject to the budget neutrality requirements that apply to physician fee schedule services under section 1848(c)(2)(B)(ii)(II) of the Act. However, effective January 1, 2002, screening mammography will be paid under the physician fee schedule and, thus, subject to the budget neutrality requirements that apply to physician fee schedule services. We will include the current payment amounts for screening mammography in aggregate physician fee schedule payments subject to the budget neutrality requirements. As a result, the BIPA requirement that we pay for screening mammography under the physician fee schedule will not result in an increase in Medicare program expenditures. However, the increase in payment for screening mammography under the physician fee schedule will be included in the budget neutrality adjustments that apply to physician fee schedule services. The BIPA also establishes a methodology for determining payment for certain types of new technology that are used in providing both diagnostic and screening mammography services. The statutory provisions are in effect from April 1, 2001 to December 31, 2001. The statute gives us the authority to determine whether separate codes and payment amounts are appropriate for screening and diagnostic mammography services that involve use of a new technology on or after January 1, 2002. We are establishing several new codes and fee schedule amounts for screening and diagnostic mammography services that involve use of a new technology. We believe this will help ensure that all Medicare beneficiaries have access to the benefits of mammography, including recent advances that further enhance the clinical capability of this vital health service for women. The BIPA provisions related to new technology mammography will result in the Medicare program costs shown in Table 23. The BIPA makes no changes to provisions for Medicare coverage of screening mammography.

2. Screening Pelvic Examinations

As discussed in section III.B. of the preamble, section 101 of the BIPA provides for expanded coverage for screening pelvic examinations (including a clinical breast examination) furnished on or after July 1, 2001. Specifically, the revised benefit will allow for biennial coverage of screening pelvic examination for all women who do not qualify under the law for annual coverage of such tests. We estimate that this change in the frequency of coverage for certain beneficiaries will result in an increase in Medicare payments. These payments will be made to a large number of physicians and other practitioners who provide these tests and for any medically necessary follow-up tests, or treatment that may be required as a result of the increased frequency of coverage of these tests. Medicare program expenditures associated with screening pelvic examinations have been included in the President's budget for Medicare expenditures. The impact of this provision is shown in Table 23.

3. Screening for Glaucoma

As discussed in section III.C. of the preamble, section 102 of the BIPA authorizes coverage of glaucoma screening examinations effective January 1, 2002, subject to certain frequency and other limitations. We believe services provided as part of glaucoma screening will often overlap with other services a physician provides during a patient encounter that is associated with a higher payment amount. We believe that physicians will more commonly provide glaucoma tests in conjunction with other services and will rarely provide only glaucoma screening to Medicare patients. Based on the projected utilization of these screening services and related medically necessary follow-up tests and treatment that may be required for the beneficiaries screened, we estimate that this new benefit will result in an increase in Medicare payments. These payments will be made to ophthalmologists or optometrists who will provide these screening tests and for any related follow-up tests and treatment that may be required. Medicare program expenditures associated with the BIPA provision that establishes coverage for screening glaucoma are shown in Table 23. The addition of the screening glaucoma benefit will allow a greater number of beneficiaries access to a preventive service.

4. Screening Colonoscopy

As discussed in section III.D. of the preamble, section 103 of the BIPA amended the Act to add coverage of screening colonoscopies once every 10 years for individuals not at high risk for colorectal cancer. We estimate that this new benefit will result in an increase in Medicare payments. These payments will be made to practitioners who will provide these screening tests and related follow-up tests and treatment that may be required. The addition of the screening colonoscopy benefit will allow beneficiaries who are not at high risk for colorectal cancer greater access to preventive services. The impact of this provision is shown in Table 23.

5. Medical Nutrition Therapy

As discussed in section III.E. of the preamble, section 105 of the BIPA

amended the Act to authorize Medicare coverage under Part B of medical nutrition therapy (MNT) for beneficiaries who have diabetes or renal disease, effective for services furnished on or after January 1, 2002. We are implementing this provision in 42 CFR at part 410, in subpart G. Specifically, the final rule discusses the education, experience, and licensing requirements for dietitians or nutritionists furnishing the service. In addition, the final rule discusses a referral requirement and the manner by which the medical nutrition therapy and diabetes outpatient self-management training benefits will be coordinated to avoid duplicate payment. We are also establishing payment amounts for these services under the physician fee schedule.

We estimate that this new benefit will result in an increase in Medicare payments. These payments will be made to dietitians and nutrition professionals who will provide these diagnostic therapy and counseling services. Costs to the Medicare program associated with this provision are shown in Table 23.

6. Telehealth

We estimate that the cost of providing office or other outpatient visits, consultation services, individual psychotherapy, and pharmacologic management in accordance with section 223 of the BIPA will be approximately $20 million in FY 2002 and approximately $60 million by FY 2006, as indicated above in Table 23.

This final rule does not mandate that entities provide consultation, office or other outpatient visits, individual psychotherapy or pharmacological management services via a telecommunications system. Thus, this final rule will not require entities to purchase telehealth equipment or to acquire the telecommunications infrastructure necessary to deliver these services via a telecommunications system. Therefore, this final rule does not impose costs associated with starting and operating a telehealth network.

7. Indian Health Services

As discussed in section III.G. of the preamble, section 432 of the BIPA authorizes payment under the physician fee schedule to physicians and certain practitioners for services furnished in a hospital and an ambulatory care clinic, whether provider-based or free-standing, of the Indian Health Service effective for services furnished on or after July 1, 2001. We are adding a new § 410.46 to conform our regulations to the statute. Costs to the Medicare program for this BIPA provision are shown in Table 23.

8. Pathology Services

As discussed in section III.H. of the preamble, in the November 2, 1999 physician fee schedule final rule (64 FR 59381), we stated that we would implement a policy to pay only hospitals for the TC of physician pathology services furnished to hospital inpatients. Before the effective date of this proposal, any independent laboratory could bill the carrier under the physician fee schedule for the TC of physician pathology to a hospital inpatient. That regulation provided that for services furnished on or after January 1, 2001, the carriers would no longer pay claims to an independent laboratory under the physician fee schedule for the TC of physician pathology services furnished for hospital inpatients. Similar treatment was provided under the hospital outpatient prospective payment system for the TC of physician pathology services to hospital outpatients. We delayed implementation of this provision for one year; it was to take effect for services furnished on or after January 1, 2001. The delay was intended to allow independent laboratories and hospitals sufficient time to negotiate arrangements.

Section 542 of the BIPA requires Medicare to continue to pay for the TC of physician pathology services when an independent laboratory furnishes this service to an inpatient or outpatient of a covered hospital. This provision applies to TC services furnished during the 2-year period beginning on January 1, 2001.

In the November 2, 1999 final rule, we estimated that payment under the physician fee schedule for TC billings by independent laboratories would decrease by $6 million per year if the original proposal had been implemented on January 1, 2001. As a result of the BIPA, these savings are not realized for two years.

G. Update of the Codes for the Physician Self-Referral Prohibition

As discussed in section VI of this preamble, we are updating the list of codes used to define certain designated health services for the purposes of section 1877 of the Act. We are not making any substantive change to the description of any designated health service as set forth in the January 4, 2001 physician self-referral final rule (66 FR 856). Instead, we are merely updating our list of codes to conform to coding changes in the most recent publication of CPT and HCPCS codes. For this reason, we certify that the changes we are making will not have a significant economic effect on a substantial number of small entities or on the operations of a substantial number of small rural hospitals. For an in-depth discussion of the anticipated effects of the recent physician self-referral final rule, refer to the regulatory impact statement in that rule as published in the January 4, 2001 **Federal Register** (66 FR 856).

H. Budget-Neutrality

The increase in physician work RVUs will necessitate an adjustment to meet the statute's budget neutrality requirements. We are reducing the physician fee schedule CF by –0.46 percent (CF X 0.9954) to ensure that the increase in physician work RVUs remains budget neutral across all physician fee schedule services. Each year since the fee schedule has been implemented, our actuaries have determined any adjustments needed to meet the budget-neutrality requirement of the statute. A component of the actuarial determination of budget-neutrality involves estimating the impact of changes in the volume and intensity of physicians' services provided to Medicare beneficiaries as a result of the proposed changes to relative value units. Consistent with the provision in the November 1998 final rule, the actuaries would use a model that assumes a 30 percent volume-and-intensity response to price reductions. Based on the practice expense changes that will occur in 2002, the actuaries estimate that a –0.18 (CF X 0.9982) percent adjustment to the conversion factor is necessary to meet the budget neutrality requirements in the statute. If the assumed volume and intensity offset does not occur, the offset applied to the RVUs will be, in essence, returned because there will be a future year adjustment to the physician fee schedule update.

I. Impact on Beneficiaries

Although changes in physicians' payments when the physician fee schedule was implemented in 1992 were large, we detected no problems with beneficiary access to care. Furthermore, since beginning our transition to a resource-based practice expense system in 1999, we have not found that there are problems with beneficiary access to care.

J. Federalism

We have reviewed this proposed rule under the threshold criteria of EO 13132, Federalism, and we have determined that the proposed rule does

not significantly affect the rights, roles, and responsibilities of States.

List of Subjects

42 CFR Part 405

Administrative practice and procedure, Health facilities, Health professions, Kidney diseases, Medicare, Reporting and recordkeeping requirements, Rural areas, X-rays.

42 CFR Part 410

Health facilities, Health professions, Kidney diseases, Laboratories, Medicare, Rural areas, X-rays.

42 CFR Part 411

Kidney diseases, Medicare, Reporting and recordkeeping requirements.

42 CFR Part 414

Administrative practice and procedure, Health facilities, Health professions, Kidney diseases, Medicare, Reporting and recordkeeping requirements, Rural areas, X-rays.

42 CFR Part 415

Health facilities, Health professions, Medicare, Reporting and recordkeeping requirements.

For the reasons set forth in the preamble, the Centers for Medicare and Medicaid amends 42 CFR chapter IV as follows:

PART 405—FEDERAL HEALTH INSURANCE FOR THE AGED AND DISABLED

1. The authority citation for part 405 continues to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

2. In § 405.534, an introductory paragraph is added to read as follows:

§ 405.534 Limitation on payment for screening mammography services.

The provisions in paragraphs (a), (b), and (c) of this section apply for services provided from January 1, 1991 until December 31, 2001. Screening mammography services provided after December 31, 2001 are paid under the physician fee schedule in accordance with § 414.2 of this chapter.

* * * * *

3. In § 405.535, the section heading is revised and the introductory text is amended by adding two sentences to the beginning to read as follows:

§ 405.535 Special rule for nonparticipating physicians and suppliers furnishing screening mammography services before January 1, 2002.

The provisions in this section apply for screening mammography services provided from January 1, 1991 until December 31, 2001. Screening mammography services provided after December 31, 2001 are physician services pursuant to § 414.2 of this chapter paid under the physician fee schedule. * * *

* * * * *

PART 410—SUPPLEMENTARY MEDICAL INSURANCE (SMI) BENEFITS

1. The authority citation for part 410 continues to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

2. Section 410.3 is amended by revising paragraph (a)(1) to read as follows:

§ 410.3 Scope of benefits.

(a) * * *

(1) Medical and other health services such as physicians' services, outpatient services furnished by a hospital or a CAH, diagnostic tests, outpatient physical therapy and speech pathology services, rural health clinic services, Federally qualified health center services, IHS, Indian tribe, or tribal organization facility services, and outpatient renal dialysis services.

* * * * *

3. Section 410.10 is amended by adding paragraph (x) to read as follows:

§ 410.10 Medical and other health services: Included services.

* * * * *

(x) Services of physicians and other practitioners furnished in or at the direction of an IHS or Indian tribal hospital or clinic.

4. Section 410.22 is redesignated as § 410.21, § 410.23 is redesignated as § 410.22, and a new § 410.23 is added to read as follows:

§ 410.23 Screening for glaucoma: Conditions for and limitations on coverage.

(a) *Definitions*: As used in this section, the following definitions apply:

(1) *Direct supervision in the office setting* means the optometrist or the ophthalmologist must be present in the office suite and be immediately available to furnish assistance and direction throughout the performance of the procedure. It does not mean the physician must be present in the room when the procedure is performed.

(2) *Eligible beneficiary* means individuals in the following high risk categories:

(i) Individual with diabetes mellitus;

(ii) Individual with a family history of glaucoma; or

(iii) African-Americans age 50 and over.

(3) *Screening for glaucoma* means the following procedures furnished to an individual for the early detection of glaucoma:

(i) A dilated eye examination with an intraocular pressure measurement.

(ii) A direct ophthalmoscopy examination, or a slit-lamp biomicroscopic examination.

(b) *Condition for coverage of screening for glaucoma.*

Medicare Part B pays for glaucoma screening examinations provided to eligible beneficiaries as described in paragraph (a)(2) of this section if they are furnished by or under the direct supervision in the office setting of an optometrist or ophthalmologist who is legally authorized to perform these services under State law (or the State regulatory mechanism provided by State law) of the State in which the services are furnished, as would otherwise be covered if furnished by a physician or incident to a physician's professional service.

(c) *Limitations on coverage of glaucoma screening examinations.*

(1) Payment may not be made for a glaucoma screening examination that is performed for an individual who is not an eligible beneficiary as described in paragraph (a)(2) of this section.

(2) Payment may be made for a glaucoma screening examination that is performed on an individual who is an eligible beneficiary as described in paragraph (a)(2) of this section, after at least 11 months have passed following the month in which the last glaucoma screening examination was performed.

5. In § 410.26, paragraph (b) is redesignated as paragraph (c), paragraph (a) is redesignated as paragraph (b) and revised, a new paragraph (a) is added, and newly designated paragraph (c) is amended by adding a paragraph heading:

§ 410.26 Services and supplies incident to a physician's professional service: Conditions.

(a) *Definitions.* For purposes of this section, the following definitions apply:

(1) *Auxiliary personnel* means any individual who is acting under the supervision of a physician (or other practitioner), regardless of whether the individual is an employee, leased employee, or independent contractor of the physician (or other practitioner) or of the same entity that employs or contracts with the physician (or other practitioner).

(2) *Direct supervision* means the level of supervision by the physician (or other practitioner) of auxiliary personnel as defined in § 410.32(b)(3)(ii).

(3) *Independent contractor* means an individual who performs part-time or full-time work for which the individual receives an IRS–1099 form.

(4) *Leased employment* means an employment relationship that is recognized by applicable State law and that is established by two employers by a contract such that one employer hires the services of an employee of the other employer.

(5) *Noninstitutional setting* means all settings other than a hospital or skilled nursing facility.

(6) *Practitioner* means a non-physician practitioner who is authorized by the Act to receive payment for services incident to his or her own services.

(7) *Services and supplies* means any services or supplies (including drugs or biologicals that are not usually self-administered) that are included in section 1861(s)(2)(A) of the Act and are not specifically listed in the Act as a separate benefit included in the Medicare program.

(b) Medicare Part B pays for services and supplies incident to the service of a physician (or other practitioner).

(1) Services and supplies must be furnished in a noninstitutional setting to noninstitutional patients.

(2) Services and supplies must be an integral, though incidental, part of the service of a physician (or other practitioner) in the course of diagnosis or treatment of an injury or illness.

(3) Services and supplies must be commonly furnished without charge or included in the bill of a physician (or other practitioner).

(4) Services and supplies must be of a type that are commonly furnished in the office or clinic of a physician (or other practitioner).

(5) Services and supplies must be furnished under the direct supervision of the physician (or other practitioner). The physician (or other practitioner) directly supervising the auxiliary personnel need not be the same physician (or other practitioner) upon whose professional service the incident to service is based.

(6) Services and supplies must be furnished by the physician, practitioner with an incident to benefit, or auxiliary personnel.

(7) A physician (or other practitioner) may be an employee or an independent contractor.

(c) *Limitation.* * * *

6. In § 410.37, paragraphs (d), (e)(2), and (g) are revised and paragraph (e)(3) is added to read as follows:

§ 410.37 Colorectal cancer screening tests: Conditions for and limitations on coverage.

* * * * *

(d) *Condition for coverage of flexible sigmoidoscopy screening.* Medicare Part B pays for a flexible sigmoidoscopy screening service if it is performed by a doctor of medicine or osteopathy (as defined in section 1861(r)(1) of the Act), or by a physician assistant, nurse practitioner, or clinical nurse specialist (as defined in section 1861(aa)(5) of the Act and §§ 410.74, 410.75, and 410.76) who is authorized under State law to perform the examination.

(e) *Limitations on coverage of screening flexible sigmoidoscopies.*

* * *

(2) For an individual 50 years of age or over, except as described in paragraph (e)(3) of this section, payment may be made for screening flexible sigmoidoscopy after at least 47 months have passed following the month in which the last screening flexible sigmoidoscopy or, as provided in paragraphs (h) and (i) of this section, the last screening barium enema was performed.

(3) In the case of an individual who is not at high risk for colorectal cancer as described in paragraph (a)(3) of this section but who has had a screening colonoscopy performed, payment may be made for a screening flexible sigmoidosocopy only after at least 119 months have passed following the month in which the last screening colonoscopy was performed.

* * * * *

(g) *Limitations on coverage of screening colonoscopies.* (1) Effective for services furnished on or after January 1, 1998 through June 30, 2001, payment may not be made for a screening colonoscopy for an individual who is not at high risk for colorectal cancer as described in paragraph (a)(3) of this section.

(2) Effective for services furnished on or after July 1, 2001, except as described in paragraph (g)(4) of this section, payment may be made for a screening colonoscopy performed for an individual who is not at high risk for colorectal cancer as described in paragraph (a)(3) of this section, after at least 119 months have passed following the month in which the last screening colonoscopy was performed.

(3) Payment may be made for a screening colonoscopy performed for an individual who is at high risk for colorectal cancer as described in paragraph (a)(3) of this section, after at least 23 months have passed following the month in which the last screening colonoscopy was performed, or, as provided in paragraphs (h) and (i) of this section, the last screening barium enema was performed.

(4) In the case of an individual who is not at high risk for colorectal cancer as described in paragraph (a)(3) of this section but who has had a screening flexible sigmoidoscopy performed, payment may be made for a screening colonoscopy only after at least 47 months have passed following the month in which the last screening flexible sigmoidoscopy was performed.

* * * * *

7. Section 410.46 is added to read as follows:

§ 410.46 Physician and other practitioner services furnished in or at the direction of an IHS or Indian tribal hospital or clinic: Scope and conditions.

(a) Medicare Part B pays, in accordance with the physician fee schedule, for services furnished in or at the direction of a hospital or outpatient clinic (provider-based or free-standing) that is operated by the Indian Health Service (IHS) or by an Indian tribe or tribal organization (as those terms are defined in section 4 of the Indian Health Care Improvement Act). These services are subject to the same situations, terms, and conditions that would apply if the services were furnished in or at the direction of a hospital or clinic that is not operated by IHS or by an Indian tribe or tribal organization. Payments include health professional shortage areas incentive payments when the requirements for these incentive payments in § 414.42 of this chapter are met.

(b) Payment is not made under this section to the extent that Medicare otherwise pays for the same services under other provisions.

(c) Payment is made under these provisions for the following services:

(1) Services for which payment is made under the physician fee schedule in accordance with part 414 of this chapter.

(2) Services furnished by non-physician practitioners for which payment under Part B is made under the physician fee schedule.

(3) Services furnished by a physical therapist or occupational therapist, for which payment under Part B is made under the physician fee schedule.

(d) Payments under these provisions will be paid to the IHS or tribal hospital or clinic.

8. In § 410.56, paragraphs (b)(1), the introductory text of (b)(2), and (b)(3) are revised to read as follows:

§ 410.56 Screening pelvic examinations.

* * * * *

(b) * * *

(1) *General rule.* Except as specified in paragraphs (b)(2) and (b)(3) of this section, payment may be made for a pelvic examination performed on an asymptomatic woman only if the individual has not had a pelvic examination paid for by Medicare during the preceding 23 months following the month in which her last Medicare-covered screening pelvic examination was performed.

(2) *More frequent screening based on high-risk factors.* Subject to the limitation as specified in paragraph (b)(4) of this section, payment may be made for a screening pelvic examination performed more frequently than once every 24 months if the test is performed by a physician or other practitioner specified in paragraph (a) of this section, and there is evidence that the woman is at high risk (on the basis of her medical history or other findings) of developing cervical cancer or vaginal cancer, as determined in accordance with the following risk factors:

* * * * *

(3) *More frequent screening for women of childbearing age.* Subject to the limitation as specified in paragraph (b)(4) of this section, payment may be made for a screening pelvic examination performed more frequently than once every 24 months if the test is performed by a physician or other practitioner as specified in paragraph (a) of this section for a woman of childbearing age who has had an examination that indicated the presence of cervical or vaginal cancer or other abnormality during any of the preceding 3 years. The term ''woman of childbearing age'' means a woman who is premenopausal, and has been determined by a physician, or a qualified practitioner, as specified in paragraph (a) of this section, to be of childbearing age, based on her medical history or other findings.

* * * * *

9. Section 410.78 is revised to read as follows:

§ 410.78 Office and other outpatient visits, consultation, individual psychotherapy and pharmacologic management via an interactive telecommunications system.

(a) *Definitions.* For the purposes of this section the following definitions apply:

(1) *Asynchronous store and forward technologies* means the transmission of a patient's medical information from an originating site to the physician or practitioner at the distant site. The physician or practitioner at the distant site can review the medical case without the patient being present. An asynchronous telecommunications system in single media format does not include telephone calls, images transmitted via facsimile machines and text messages without visualization of the patient (electronic mail). Photographs visualized by a telecommunications system must be specific to the patient's medical condition and adequate for furnishing or confirming a diagnosis and or treatment plan. Dermatological photographs, for example, a photograph of a skin lesion, may be considered to meet the requirement of a single media format under this provision.

(2) *Distant site* means the site at which the physician or practitioner delivering the service is located at the time the service is provided via a telecommunications system.

(3) *Interactive telecommunications system* means multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site physician or practitioner. Telephones, facsimile machines, and electronic mail systems do not meet the definition of an interactive telecommunications system.

(4) *Originating site* means, for purposes of a consultation, office or other outpatient visit, individual psychotherapy, or pharmacologic management via an interactive telecommunications system, the location of an eligible Medicare beneficiary at the time the service being furnished via a telecommunications system occurs. For asynchronous store and forward telecommunications technologies, the only originating sites are Federal telemedicine demonstration programs conducted in Alaska or Hawaii.

(b) *General rule.* Medicare Part B pays for office and other outpatient visits, professional consultation, individual psychotherapy, and pharmacologic management furnished by means of an interactive telecommunications system if the following conditions are met:

(1) The physician or practitioner at the distant site must be licensed to provide the service under State law. When the physician or practitioner at the distant site is licensed under State law to provide a covered telehealth service (that is, professional consultations, office and other outpatient visits, individual psychotherapy, and pharmacologic management), he or she may bill for, and receive payment for, this service when delivered via a telecommunications system.

(2) The practitioner at the distant site is one of the following:

(i) A physician as described in § 410.20.

(ii) A physician assistant as described § 410.74.

(iii) A nurse practitioner as described in § 410.75.

(iv) A clinical nurse specialist as described in § 410.76.

(v) A nurse-midwife as described in § 410.77.

(vi) A clinical psychologist as described in § 410.71.

(vii) A clinical social worker as described in § 410.73.

(3) The services are furnished to a beneficiary at an originating site, which is one of the following:

(i) The office of a physician or practitioner.

(ii) A critical access hospital (as described in section 1861(mm)(1) of the Act).

(iii) A rural health clinic (as described in section 1861(aa)(2) of the Act).

(iv) A Federally qualified health center (as defined in section 1861(aa)(4) of the Act).

(v) A hospital (as defined in section 1861(e) of the Act).

(4) Originating sites must be located in either a rural health professional shortage area as defined under section 332(a)(1)(A) of the Public Health Service Act (42 U.S.C. 254e(a)(1)(A)) or in a county that is not included in a Metropolitan Statistical Area as defined in section 1886(d)(2)(D) of the Act. Entities participating in a Federal telemedicine demonstration project that have been approved by, or receive funding from, the Secretary as of December 31, 2000 qualify as an eligible originating site regardless of geographic location.

(5) The medical examination of the patient is under the control of the physician or practitioner at the distant site.

(c) *Telepresenter not required.* A telepresenter is not required as a condition of payment unless a telepresenter is medically necessary as determined by the physician or practitioner at the distant site.

(d) *Exception to the interactive telecommunications system requirement.* For Federal telemedicine demonstration programs conducted in Alaska or Hawaii only, Medicare payment is permitted for telehealth when asynchronous store and forward technologies, in single or multimedia formats, are used as a substitute for an interactive telecommunications system.

(e) *Limitation.* A clinical psychologist and a clinical social worker may bill and receive payment for individual psychotherapy via a telecommunications system, but may

not seek payment for medical evaluation and management services.

10. A new subpart G is added to read as follows:

Subpart G—Medical Nutrition Therapy

Sec.
410.130 Definitions.
410.132 Medical nutrition therapy.
410.134 Provider qualifications.

Subpart G—Medical Nutrition Therapy

§ 410.130 Definitions.

For the purposes of this subpart, the following definitions apply:

Chronic renal insufficiency means the stage of renal disease associated with a reduction in renal function not severe enough to require dialysis or transplantation (glomerular filtration rate [GFR] 13–50 ml/min/1.73m^2).

Diabetes means diabetes mellitus consisting of two types. Type 1 is an autoimmune disease that destroys the beta cells of the pancreas, leading to insulin deficiency. Type 2 is familial hyperglycemia that occurs primarily in adults but can also occur in children and adolescents. It is caused by an insulin resistance whose etiology is multiple and not totally understood. Gestational diabetes is any degree of glucose intolerance with onset or first recognition during pregnancy. The diagnostic criterion for a diagnosis of diabetes for a fasting glucose tolerance test is greater than or equal to 126 mg/dL.

Episode of care means services covered in a 12-month time period when coordinated with initial diabetes self-management training (DSMT) and one calendar year for each year thereafter, starting with the assessment and including all covered interventions based on referral(s) from a physician as specified in § 410.132(c). The time period covered for gestational diabetes extends only until the pregnancy ends.

Medical nutrition therapy services means nutritional diagnostic, therapeutic, and counseling services provided by a registered dietitian or nutrition professional for the purpose of managing diabetes or a renal disease.

Physician means a doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the State in which he or she performs such function or action (including a physician within the meaning of section of 1101(a)(7) of the Act).

Renal disease means chronic renal insufficiency, end-stage renal disease when dialysis is not received, or the medical condition of a beneficiary for 36 months after kidney transplant.

Treating physician means the primary care physician or specialist coordinating care for the beneficiary with diabetes or renal disease.

§ 410.132 Medical nutrition therapy.

(a) *Conditions for coverage of MNT services.* Medicare Part B pays for MNT services provided by a registered dietitian or nutrition professional as defined in § 410.134 when the beneficiary is referred for the service by the treating physician. Services covered consist of face-to-face nutritional assessments and interventions in accordance with nationally accepted dietary or nutritional protocols.

(b) *Limitations on coverage of MNT services.*

(1) MNT services based on a diagnosis of renal disease as described in this subpart are not covered for beneficiaries receiving maintenance dialysis for which payment is made under section 1881 of the Act.

(2) A beneficiary may only receive the maximum number of hours covered under the DSMT benefit for both DSMT and MNT during the initial DSMT training period unless additional hours are determined to be medically necessary under the national coverage determination process.

(3) In years when the beneficiary is eligible for MNT and follow-up DSMT, the beneficiary may only receive the maximum number of hours covered under MNT unless additional hours are determined to be medically necessary under the national coverage determination process.

(4) If a beneficiary has both diabetes and renal disease, the beneficiary may only receive the maximum number of hours covered under the renal MNT benefit in one episode of care unless he or she is receiving initial DSMT services, in which case the beneficiary would receive whichever is greater.

(5) An exception to the maximum number of hours in (b)(2), (3), and (4) of this section may be made when the treating physician determines that there is a change of diagnosis, medical condition, or treatment regimen related to diabetes or renal disease that requires a change in MNT during an episode of care.

(c) *Referrals.* Referral may only be made by the treating physician when the beneficiary has been diagnosed with diabetes or renal disease as defined in this subpart with documentation maintained by the referring physician in the beneficiary's medical record. Referrals must be made for each episode of care and any additional assessments or interventions required by a change of diagnosis, medical condition, or treatment regimen during an episode of care.

§ 410.134 Provider qualifications.

For Medicare Part B coverage of MNT, only a registered dietitian or nutrition professional may provide the services. ''Registered dietitian or nutrition professional'' means an individual who, on or after December 22, 2000:

(a) Holds a bachelor's or higher degree granted by a regionally accredited college or university in the United States (or an equivalent foreign degree) with completion of the academic requirements of a program in nutrition or dietetics accredited by an appropriate national accreditation organization recognized for this purpose.

(b) Has completed at least 900 hours of supervised dietetics practice under the supervision of a registered dietitian or nutrition professional.

(c) Is licensed or certified as a dietitian or nutrition professional by the State in which the services are performed. In a State that does not provide for licensure or certification, the individual will be deemed to have met this requirement if he or she is recognized as a ''registered dietitian'' by the Commission on Dietetic Registration or its successor organization, or meets the requirements of paragraphs (a) and (b) of this section.

(d) *Exceptions.*

(i) A dietitian or nutritionist licensed or certified in a State as of December 21, 2000 is not required to meet the requirements of (a) and (b) of this section.

(ii) A ''registered dietician'' in good standing, as recognized by the Commission of Dietetic Registration or its successor organization, is deemed to have met the requirements of (a) and (b) of this section.

PART 411—EXCLUSIONS FROM MEDICARE AND LIMITATIONS ON MEDICARE PAYMENT

1. The authority citation for part 411 continues to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

2. In § 411.15, paragraph (a)(1) is revised, and a new paragraph (k)(10) is added to read as follows:

§ 411.15 Particular services excluded from coverage.

* * * * *

(a) * * *

(1) Examinations performed for a purpose other than treatment or diagnosis of a specific illness, symptoms, complaint, or injury, except for screening mammography, colorectal cancer screening tests, screening pelvic examinations, prostate cancer screening

tests, or glaucoma screening exams that meet the criteria specified in paragraphs (k)(6) through (k)(10) of this section.

* * * * *

(k) * * *

(10) In the case of screening exams for glaucoma, for the purpose of early detection of glaucoma, subject to the conditions and limitations specified in § 410.23 of this chapter.

* * * * *

PART 414—PAYMENT FOR PART B MEDICAL AND OTHER HEALTH SERVICES

1. The authority citation for part 414 continues to read as follows:

Authority: Secs. 1102, 1871, and 1881(b)(1) of the Social Security Act (42 U.S.C. 1302, 1395hh, and 1395rr(b)(1)).

2. In 414.2, the definition of ''Physician services'' is amended by adding a new paragraph (8) to read as follows:

§ 414.2 Definitions.

* * * * *

Physician Services * * *

(8) Screening mammography services.

* * * * *

3. A new § 414.64 is added to read as follows:

§ 414.64 Payment for medical nutrition therapy.

(a) *Payment under the physician fee schedule.* Medicare payment for medical nutrition therapy is made under the physician fee schedule in accordance with subpart B of this part. Payment to non-physician professionals, as specified in paragraph (b) of this section, is the lesser of the actual charges or 80 percent of 85 percent of the physician fee schedule amount.

(b) *To whom payment may be made.* Payment may be made to a registered dietician or nutrition professional qualified to furnish medical nutrition therapy in accordance with part 410, subpart G of this chapter.

(c) *Effective date of payment.* Medicare pays suppliers of medical nutrition therapy on or after the effective date of enrollment of the supplier at the carrier.

(d) *Limitation on payment.* Payment is made only for documented nutritional therapy sessions actually attended by the beneficiary.

(e) *Other conditions for fee-for-service payment.* Payment is made only if the beneficiary:

(1) Is not an inpatient of a hospital, SNF, nursing home, or hospice.

(2) Is not receiving services in an RHC, FQHC or ESRD dialysis facility.

4. Section 414.65 is revised to read as follows:

§ 414.65 Payment for office or other outpatient visits, consultation, individual psychotherapy, and pharmacologic management via interactive telecommunications systems.

(a) *Professional service.* Medicare payment for the professional service via an interactive telecommunications system is made according to the following limitations:

(1) The Medicare payment amount for office or other outpatient visits, consultation, individual psychotherapy, and pharmacologic management via an interactive telecommunications system is equal to the current fee schedule amount applicable to services of the physician or practitioner.

(2) Only the physician or practitioner at the distant site may bill and receive payment for the professional service via an interactive telecommunications system.

(3) Payments made to the physician or practitioner at the distant site, including deductible and coinsurance, for the professional service may not be shared with the referring practitioner or telepresenter.

(b) *Originating site facility fee.* For office or other outpatient visits, consultation, individual psychotherapy, or pharmacologic management services delivered via an interactive telecommunications system furnished on or after October 1, 2001:

(1) For services furnished on or after October 1, 2001 through December 31, 2002, the payment amount to the originating site is the lesser of the actual charge or the originating site facility fee of $20. For services furnished on or after January 1 of each subsequent year, the facility fee for the originating site will be updated by the Medicare Economic Index (MEI) as defined in section 1842(i)(3) of the Act.

(2) Only the originating site may bill for the originating site facility fee and only on an assignment-related basis. The distant site physician or practitioner may not bill for or receive payment for facility fees associated with the professional service furnished via an interactive telecommunications system.

(c) *Deductible and coinsurance apply.* The payment for the professional service and originating site facility fee is subject to the coinsurance and deductible requirements of sections 1833(a)(1) and (b) of the Act.

(d) *Assignment required for physicians, practitioners, and originating sites.* Payment to physicians, practitioners, and originating sites is made only on an assignment-related basis.

(e) *Sanctions.* A distant site practitioner or originating site facility may be subject to the applicable sanctions provided for in chapter IV, part 402 and chapter V, parts 1001, 1002, and 1003 of this title if he or she does any of the following:

(1) Knowingly and willfully bills or collects for services in violation of the limitation of this section.

(2) Fails to timely correct excess charges by reducing the actual charge billed for the service in an amount that does not exceed the limiting charge for the service or fails to timely refund excess collections.

(3) Fails to submit a claim on a standard form for services provided for which payment is made on a fee schedule basis.

(4) Imposes a charge for completing and submitting the standard claims form.

PART 415—SERVICES FURNISHED BY PHYSICIANS IN PROVIDERS, SUPERVISING PHYSICIANS IN TEACHING SETTINGS, AND RESIDENTS IN CERTAIN SETTINGS

1. The authority citation for part 415 continues to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

2. Section 415.130 is amended by:

A. Redesignating paragraphs (a), (b), and (c) as paragraphs (b), (c), and (d).

B. Adding a new paragraph (a).

C. Amending newly designated paragraph (b)(3) by removing the reference ''paragraph (b)'' and adding ''paragraph (c)'' in its place.

D. Amending newly designated paragraph (b)(4) by removing the reference ''paragraphs (b)(1), (b)(3), and (b)(4)'' and adding ''paragraphs (c)(1), (c)(3), and (c)(4)'' in their place.

E. Revising newly designated paragraph (d).

§ 415.130 Conditions for payment: Physician pathology services.

(a) *Definitions.* The following definitions are used in this section.

(1) *Covered hospital* means, with respect to an inpatient or an outpatient, a hospital that had an arrangement with an independent laboratory that was in effect as of July 22, 1999, under which a laboratory furnished the technical component of physician pathology services to fee-for-service Medicare beneficiaries who were hospital inpatients or outpatients, and submitted claims for payment for this technical component directly to a Medicare carrier.

(2) *Fee-for-service Medicare beneficiaries* means those beneficiaries who are entitled to benefits under Part

A or are enrolled under Part B of Title XVIII of the Act or both and are not enrolled in any of the following:

(i) A Medicare+Choice plan under Part C of Title XVIII of the Act.

(ii) A plan offered by an eligible organization under section 1876 of the Act;

(iii) A program of all-inclusive care for the elderly (PACE) under 1894 of the Act; or

(iv) A social health maintenance organization (SHMO) demonstration project established under section 4018(b) of the Omnibus Budget Reconciliation Act of 1987.

* * * * *

(d) *Physician pathology services furnished by an independent laboratory.* The technical component of physician pathology services furnished by an independent laboratory to a hospital inpatient or outpatient before January 1, 2001 may be paid to the laboratory on a fee schedule basis. After December 31, 2000 but before January 1, 2003, if an independent laboratory furnishes the technical component of a physician pathology service to a fee-for-service Medicare beneficiary who is an inpatient or outpatient of a covered hospital, the carrier will treat the technical component as a service for which payment will be made to the laboratory under the physician fee schedule. For these two years the service will not be treated as an inpatient hospital service for which payment is made to the hospital under section 1886(d) of the Act or as an outpatient hospital service for which payment is made to the hospital under section 1833(t) of the Act. After December 31, 2002, the technical component for physician pathology services furnished by an independent laboratory to a hospital inpatient or outpatient is paid only to the hospital.

(Catalog of Federal Domestic Assistance Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: October 22, 2001.

Thomas A. Scully,

Administrator, Centers for Medicare & Medicaid Services.

Approved: October 24, 2001.

Tommy G. Thompson,

Secretary.

Note: These addenda will not appear in the Code of Federal Regulations.

Addendum A—Explanation and Use of Addenda B

The addenda on the following pages provide various data pertaining to the Medicare fee schedule for physicians' services furnished in 2002. Addendum B contains the RVUs for work, non-facility practice expense, facility practice expense, and malpractice expense, and other information for all services included in the physician fee schedule.

Addendum B—2002 Relative Value Units and Related Information Used in Determining Medicare Payments for 2002

This addendum contains the following information for each CPT code and alphanumeric HCPCS code, except for alphanumeric codes beginning with B (enteral and parenteral therapy), E (durable medical equipment), K (temporary codes for nonphysicians' services or items), or L (orthotics), and codes for anesthesiology.

1. *CPT/HCPCS code.* This is the CPT or alphanumeric HCPCS number for the service. Alphanumeric HCPCS codes are included at the end of this addendum.

2. *Modifier.* A modifier is shown if there is a technical component (modifier TC) and a professional component (PC) (modifier −26) for the service. If there is a PC and a TC for the service, Addendum B contains three entries for the code: One for the global values (both professional and technical); one for modifier −26 (PC); and one for modifier TC. The global service is not designated by a modifier, and physicians must bill using the code without a modifier if the physician furnishes both the PC and the TC of the service.

Modifier −53 is shown for a discontinued procedure. There will be RVUs for the code (CPT code 45378) with this modifier.

3. *Status indicator.* This indicator shows whether the CPT/HCPCS code is in the physician fee schedule and whether it is separately payable if the service is covered.

A = Active code. These codes are separately payable under the fee schedule if covered. There will be RVUs for codes with this status. The presence of an ''A'' indicator does not mean that Medicare has made a national decision regarding the coverage of the service. Carriers remain responsible for coverage decisions in the absence of a national Medicare policy.

B = Bundled code. Payment for covered services is always bundled into payment for other services not specified. If RVUs are shown, they are not used for Medicare payment. If these services are covered, payment for them is subsumed by the payment for the services to which they are incident. (An example is a telephone call from a hospital nurse regarding care of a patient.)

C = Carrier-priced code. Carriers will establish RVUs and payment amounts for these services, generally on a case-by-case basis following review of documentation, such as an operative report.

D = Deleted code. These codes are deleted effective with the beginning of the calendar year.

E = Excluded from physician fee schedule by regulation. These codes are for items or services that we chose to exclude from the physician fee schedule payment by regulation. No RVUs are shown, and no payment may be made under the physician fee schedule for these codes. Payment for them, if they are covered, continues under reasonable charge or other payment procedures.

G = Code not valid for Medicare purposes. Medicare does not recognize codes assigned this status. Medicare uses another code for reporting of, and payment for, these services.

H = Deleted modifier (code used to have modifier of TC and PC).

I = Code not valid for Medicare purposes. Medicare does not recognize codes assigned this status. Medicare uses another code for the reporting of, and payment for, these services. This indicator is treated in the same manner as status indicator ''G''. It's use allows for more efficient processing of Medicare claims.

N = Noncovered service. These codes are noncovered services. Medicare payment may not be made for these codes. If RVUs are shown, they are not used for Medicare payment.

P = Bundled or excluded code. There are no RVUs for these services. No separate payment should be made for them under the physician fee schedule.

—If the item or service is covered as incident to a physician's service and is furnished on the same day as a physician's service, payment for it is bundled into the payment for the physician's service to which it is incident (an example is an elastic bandage furnished by a physician incident to a physician's service).

—If the item or service is covered as other than incident to a physician's service, it is excluded from the physician fee schedule (for example, colostomy supplies) and is paid under the other payment provisions of the Act.

R = Restricted coverage. Special coverage instructions apply. If the service is covered and no RVUs are shown, it is carrier-priced.

T = There are RVUs for these services, but they are only paid if there are no other services payable under the physician fee schedule billed on the same date by the same provider. If any other services payable under the physician fee schedule are billed on the same date by the same provider, these

services are bundled into the service(s) for which payment is made.

X = Exclusion by law. These codes represent an item or service that is not within the definition of ''physicians' services'' for physician fee schedule payment purposes. No RVUs are shown for these codes, and no payment may be made under the physician fee schedule. (Examples are ambulance services and clinical diagnostic laboratory services.)

4. *Description of code.* This is an abbreviated version of the narrative description of the code.

5. *Physician work RVUs.* These are the RVUs for the physician work for this service in 2000. Codes that are not used for Medicare payment are identified with a ''+.''

6. *Facility practice expense RVUs.* These are the fully implemented resource-based practice expense RVUs for facility settings.

7. *Non-facility practice expense RVUs.* These are the fully implemented resource-based practice expense RVUs for non-facility settings.

8. *Malpractice expense RVUs.* These are the RVUs for the malpractice expense for the service for 2000.

9. *Facility total.* This is the sum of the work, fully implemented facility practice expense, and malpractice expense RVUs.

10. *Non-facility total.* This is the sum of the work, fully implemented non-facility practice expense, and malpractice expense RVUs.

11. *Global period.* This indicator shows the number of days in the global period for the code (0, 10, or 90 days). An explanation of the alpha codes follows:

MMM = The code describes a service furnished in uncomplicated maternity cases including antepartum care, delivery, and postpartum care. The usual global surgical concept does not apply. See the 1999 Physicians' Current Procedural Terminology for specific definitions.

XXX = The global concept does not apply.

YYY = The global period is to be set by the carrier (for example, unlisted surgery codes).

ZZZ = The code is part of another service and falls within the global period for the other service.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
0001T	.....	C	Endovas repr abdo ao aneurys	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0002T	.....	C	Endovas repr abdo ao aneurys	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0003T	.....	C	Cervicography	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0005T	.....	C	Perc cath stent/brain cv art	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0006T	.....	C	Perc cath stent/brain cv art	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0007T	.....	C	Perc cath stent/brain cv art	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0008T	.....	C	Upper gi endoscopy w/suture	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0009T	.....	C	Endometrial cryoablation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0010T	.....	C	Tb test, gamma interferon	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0012T	.....	C	Osteochondral knee autograft	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0013T	.....	C	Osteochondral knee allograft	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0014T	.....	C	Meniscal transplant, knee	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0016T	.....	C	Thermotx choroid vasc lesion	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0017T	.....	C	Photocoagulat macular drusen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0018T	.....	C	Transcranial magnetic stimul	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0019T	.....	C	Extracorp shock wave tx, ms	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0020T	.....	C	Extracorp shock wave tx, ft	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0021T	.....	C	Fetal oximetry, trnsvag/cerv	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0023T	.....	C	Phenotype drug test, hiv 1	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0024T	.....	C	Transcath cardiac reduction	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0025T	.....	C	Ultrasonic pachymetry	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0026T	.....	C	Measure remnant lipoproteins	0.00	0.00	0.00	0.00	0.00	0.00	XXX
10021	.....	A	Fna w/o image	1.27	1.02	NA	0.10	2.39	NA	XXX
10021	26	A	Fna w/o image	1.27	0.55	0.55	0.07	1.89	1.89	XXX
10021	TC	A	Fna w/o image	0.00	0.47	NA	0.03	0.50	NA	XXX
10022	.....	A	Fna w/image	1.27	1.11	NA	0.08	2.46	NA	XXX
10022	26	A	Fna w/image	1.27	0.48	0.48	0.05	1.80	1.80	XXX
10022	TC	A	Fna w/image	0.00	0.63	NA	0.03	0.66	NA	XXX
10040	.....	A	Acne surgery	1.18	1.00	0.54	0.05	2.23	1.77	010
10060	.....	A	Drainage of skin abscess	1.17	1.51	0.70	0.08	2.76	1.95	010
10061	.....	A	Drainage of skin abscess	2.40	1.88	1.48	0.17	4.45	4.05	010
10080	.....	A	Drainage of pilonidal cyst	1.17	2.18	0.75	0.09	3.44	2.01	010
10081	.....	A	Drainage of pilonidal cyst	2.45	3.02	1.61	0.19	5.66	4.25	010
10120	.....	A	Remove foreign body	1.22	1.52	0.36	0.10	2.84	1.68	010
10121	.....	A	Remove foreign body	2.69	2.99	1.83	0.25	5.93	4.77	010
10140	.....	A	Drainage of hematoma/fluid	1.53	1.54	0.90	0.15	3.22	2.58	010
10160	.....	A	Puncture drainage of lesion	1.20	0.74	0.43	0.11	2.05	1.74	010
10180	.....	A	Complex drainage, wound	2.25	1.51	1.33	0.25	4.01	3.83	010
11000	.....	A	Debride infected skin	0.60	0.66	0.24	0.05	1.31	0.89	000
11001	.....	A	Debride infected skin add-on	0.30	0.37	0.11	0.02	0.69	0.43	ZZZ
11010	.....	A	Debride skin, fx	4.20	2.53	2.10	0.45	7.18	6.75	010
11011	.....	A	Debride skin/muscle, fx	4.95	3.90	2.69	0.53	9.38	8.17	000
11012	.....	A	Debride skin/muscle/bone, fx	6.88	5.52	4.35	0.89	13.29	12.12	000
11040	.....	A	Debride skin, partial	0.50	0.55	0.22	0.05	1.10	0.77	000
11041	.....	A	Debride skin, full	0.82	0.69	0.34	0.08	1.59	1.24	000
11042	.....	A	Debride skin/tissue	1.12	1.04	0.47	0.11	2.27	1.70	000

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
11043	.....	A	Debride tissue/muscle	2.38	2.72	1.42	0.24	5.34	4.04	010
11044	.....	A	Debride tissue/muscle/bone	3.06	3.30	1.86	0.34	6.70	5.26	010
11055	.....	R	Trim skin lesion	0.43	0.52	0.19	0.02	0.97	0.64	000
11056	.....	R	Trim skin lesions, 2 to 4	0.61	0.59	0.26	0.03	1.23	0.90	000
11057	.....	R	Trim skin lesions, over 4	0.79	0.66	0.34	0.04	1.49	1.17	000
11100	.....	A	Biopsy of skin lesion	0.81	1.49	0.38	0.04	2.34	1.23	000
11101	.....	A	Biopsy, skin add-on	0.41	0.71	0.20	0.02	1.14	0.63	ZZZ
11200	.....	A	Removal of skin tags	0.77	1.20	0.32	0.04	2.01	1.13	010
11201	.....	A	Remove skin tags add-on	0.29	0.53	0.12	0.02	0.84	0.43	ZZZ
11300	.....	A	Shave skin lesion	0.51	1.05	0.22	0.03	1.59	0.76	000
11301	.....	A	Shave skin lesion	0.85	1.12	0.39	0.04	2.01	1.28	000
11302	.....	A	Shave skin lesion	1.05	1.21	0.49	0.05	2.31	1.59	000
11303	.....	A	Shave skin lesion	1.24	1.36	0.55	0.06	2.66	1.85	000
11305	.....	A	Shave skin lesion	0.67	0.77	0.29	0.04	1.48	1.00	000
11306	.....	A	Shave skin lesion	0.99	1.02	0.44	0.05	2.06	1.48	000
11307	.....	A	Shave skin lesion	1.14	1.15	0.51	0.05	2.34	1.70	000
11308	.....	A	Shave skin lesion	1.41	1.29	0.62	0.07	2.77	2.10	000
11310	.....	A	Shave skin lesion	0.73	1.15	0.34	0.04	1.92	1.11	000
11311	.....	A	Shave skin lesion	1.05	1.24	0.51	0.05	2.34	1.61	000
11312	.....	A	Shave skin lesion	1.20	1.32	0.58	0.06	2.58	1.84	000
11313	.....	A	Shave skin lesion	1.62	1.63	0.74	0.09	3.34	2.45	000
11400	.....	A	Removal of skin lesion	0.91	1.68	0.36	0.06	2.65	1.33	010
11401	.....	A	Removal of skin lesion	1.32	1.83	0.53	0.09	3.24	1.94	010
11402	.....	A	Removal of skin lesion	1.61	2.61	0.98	0.12	4.34	2.71	010
11403	.....	A	Removal of skin lesion	1.92	2.84	1.12	0.16	4.92	3.20	010
11404	.....	A	Removal of skin lesion	2.20	3.02	1.19	0.18	5.40	3.57	010
11406	.....	A	Removal of skin lesion	2.76	3.33	1.41	0.25	6.34	4.42	010
11420	.....	A	Removal of skin lesion	1.06	1.52	0.44	0.08	2.66	1.58	010
11421	.....	A	Removal of skin lesion	1.53	1.84	0.64	0.11	3.48	2.28	010
11422	.....	A	Removal of skin lesion	1.76	2.60	1.08	0.14	4.50	2.98	010
11423	.....	A	Removal of skin lesion	2.17	3.02	1.26	0.17	5.36	3.60	010
11424	.....	A	Removal of skin lesion	2.62	3.20	1.43	0.21	6.03	4.26	010
11426	.....	A	Removal of skin lesion	3.78	3.81	1.89	0.34	7.93	6.01	010
11440	.....	A	Removal of skin lesion	1.15	2.26	0.53	0.08	3.49	1.76	010
11441	.....	A	Removal of skin lesion	1.61	2.48	0.74	0.11	4.20	2.46	010
11442	.....	A	Removal of skin lesion	1.87	2.91	1.30	0.14	4.92	3.31	010
11443	.....	A	Removal of skin lesion	2.49	3.41	1.64	0.18	6.08	4.31	010
11444	.....	A	Removal of skin lesion	3.42	3.92	2.08	0.25	7.59	5.75	010
11446	.....	A	Removal of skin lesion	4.49	4.37	2.58	0.30	9.16	7.37	010
11450	.....	A	Removal, sweat gland lesion	2.73	4.20	1.03	0.26	7.19	4.02	090
11451	.....	A	Removal, sweat gland lesion	3.95	5.23	1.33	0.39	9.57	5.67	090
11462	.....	A	Removal, sweat gland lesion	2.51	4.32	0.98	0.23	7.06	3.72	090
11463	.....	A	Removal, sweat gland lesion	3.95	5.67	1.67	0.40	10.02	6.02	090
11470	.....	A	Removal, sweat gland lesion	3.25	4.97	1.26	0.30	8.52	4.81	090
11471	.....	A	Removal, sweat gland lesion	4.41	5.54	1.74	0.40	10.35	6.55	090
11600	.....	A	Removal of skin lesion	1.41	2.48	1.08	0.09	3.98	2.58	010
11601	.....	A	Removal of skin lesion	1.93	2.52	1.36	0.12	4.57	3.41	010
11602	.....	A	Removal of skin lesion	2.09	2.66	1.40	0.13	4.88	3.62	010
11603	.....	A	Removal of skin lesion	2.35	2.93	1.49	0.16	5.44	4.00	010
11604	.....	A	Removal of skin lesion	2.58	3.27	1.56	0.18	6.03	4.32	010
11606	.....	A	Removal of skin lesion	3.43	3.88	1.85	0.28	7.59	5.56	010
11620	.....	A	Removal of skin lesion	1.34	2.47	1.09	0.09	3.90	2.52	010
11621	.....	A	Removal of skin lesion	1.97	2.56	1.41	0.12	4.65	3.50	010
11622	.....	A	Removal of skin lesion	2.34	2.87	1.60	0.15	5.36	4.09	010
11623	.....	A	Removal of skin lesion	2.93	3.30	1.86	0.20	6.43	4.99	010
11624	.....	A	Removal of skin lesion	3.43	3.72	2.08	0.25	7.40	5.76	010
11626	.....	A	Removal of skin lesion	4.30	4.48	2.57	0.35	9.13	7.22	010
11640	.....	A	Removal of skin lesion	1.53	2.51	1.29	0.10	4.14	2.92	010
11641	.....	A	Removal of skin lesion	2.44	2.94	1.78	0.15	5.53	4.37	010
11642	.....	A	Removal of skin lesion	2.93	3.37	2.03	0.18	6.48	5.14	010
11643	.....	A	Removal of skin lesion	3.50	3.83	2.32	0.24	7.57	6.06	010
11644	.....	A	Removal of skin lesion	4.55	4.81	2.95	0.33	9.69	7.83	010
11646	.....	A	Removal of skin lesion	5.95	5.68	3.77	0.46	12.09	10.18	010
11719	.....	R	Trim nail(s)	0.17	0.25	0.07	0.01	0.43	0.25	000
11720	.....	A	Debride nail, 1–5	0.32	0.34	0.13	0.02	0.68	0.47	000
11721	.....	A	Debride nail, 6 or more	0.54	0.44	0.22	0.04	1.02	0.80	000
11730	.....	A	Removal of nail plate	1.13	0.83	0.46	0.09	2.05	1.68	000
11732	.....	A	Remove nail plate, add-on	0.57	0.30	0.24	0.05	0.92	0.86	ZZZ
11740	.....	A	Drain blood from under nail	0.37	0.81	0.14	0.03	1.21	0.54	000
11750	.....	A	Removal of nail bed	1.86	1.75	0.78	0.16	3.77	2.80	010
11752	.....	A	Remove nail bed/finger tip	2.67	2.20	1.77	0.33	5.20	4.77	010
11755	.....	A	Biopsy, nail unit	1.31	1.10	0.60	0.06	2.47	1.97	000
11760	.....	A	Repair of nail bed	1.58	1.80	1.28	0.17	3.55	3.03	010

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
11762		A	Reconstruction of nail bed	2.89	2.28	1.95	0.32	5.49	5.16	010
11765		A	Excision of nail fold, toe	0.69	1.14	0.51	0.05	1.88	1.25	010
11770		A	Removal of pilonidal lesion	2.61	3.11	1.26	0.24	5.96	4.11	010
11771		A	Removal of pilonidal lesion	5.74	5.80	4.01	0.56	12.10	10.31	090
11772		A	Removal of pilonidal lesion	6.98	6.95	4.44	0.68	14.61	12.10	090
11900		A	Injection into skin lesions	0.52	0.77	0.23	0.02	1.31	0.77	000
11901		A	Added skin lesions injection	0.80	0.89	0.38	0.03	1.72	1.21	000
11920		R	Correct skin color defects	1.61	2.25	0.81	0.17	4.03	2.59	000
11921		R	Correct skin color defects	1.93	2.78	1.02	0.21	4.92	3.16	000
11922		R	Correct skin color defects	0.49	0.40	0.26	0.05	0.94	0.80	ZZZ
11950		R	Therapy for contour defects	0.84	1.23	0.47	0.06	2.13	1.37	000
11951		R	Therapy for contour defects	1.19	1.47	0.49	0.10	2.76	1.78	000
11952		R	Therapy for contour defects	1.69	1.65	0.64	0.17	3.51	2.50	000
11954		R	Therapy for contour defects	1.85	2.62	0.97	0.19	4.66	3.01	000
11960		A	Insert tissue expander(s)	9.08	NA	11.54	0.88	NA	21.50	090
11970		A	Replace tissue expander	7.06	NA	5.15	0.77	NA	12.98	090
11971		A	Remove tissue expander(s)	2.13	6.10	4.07	0.21	8.44	6.41	090
11975		N	Insert contraceptive cap	+1.48	1.58	0.59	0.14	3.20	2.21	XXX
11976		R	Removal of contraceptive cap	1.78	1.72	0.69	0.17	3.67	2.64	000
11977		N	Removal/reinsert contra cap	+3.30	2.31	1.32	0.31	5.92	4.93	XXX
11980		A	Implant hormone pellet(s)	1.48	1.14	0.58	0.10	2.72	2.16	000
11981		A	Insert drug implant device	1.48	1.58	0.59	0.14	3.20	2.21	XXX
11982		A	Remove drug implant device	1.78	1.70	0.71	0.17	3.65	2.66	XXX
11983		A	Remove/insert drug implant	3.30	2.31	1.32	0.31	5.92	4.93	XXX
12001		A	Repair superficial wound(s)	1.70	2.13	0.44	0.13	3.96	2.27	010
12002		A	Repair superficial wound(s)	1.86	2.21	0.95	0.15	4.22	2.96	010
12004		A	Repair superficial wound(s)	2.24	2.47	1.07	0.17	4.88	3.48	010
12005		A	Repair superficial wound(s)	2.86	3.04	1.25	0.23	6.13	4.34	010
12006		A	Repair superficial wound(s)	3.67	3.59	1.59	0.31	7.57	5.57	010
12007		A	Repair superficial wound(s)	4.12	4.26	1.85	0.37	8.75	6.34	010
12011		A	Repair superficial wound(s)	1.76	2.30	0.45	0.14	4.20	2.35	010
12013		A	Repair superficial wound(s)	1.99	2.45	0.99	0.16	4.60	3.14	010
12014		A	Repair superficial wound(s)	2.46	2.72	1.11	0.18	5.36	3.75	010
12015		A	Repair superficial wound(s)	3.19	3.38	1.31	0.24	6.81	4.74	010
12016		A	Repair superficial wound(s)	3.93	3.89	1.58	0.32	8.14	5.83	010
12017		A	Repair superficial wound(s)	4.71	NA	1.93	0.39	NA	7.03	010
12018		A	Repair superficial wound(s)	5.53	NA	2.18	0.46	NA	8.17	010
12020		A	Closure of split wound	2.62	2.51	1.44	0.24	5.37	4.30	010
12021		A	Closure of split wound	1.84	1.65	1.02	0.19	3.68	3.05	010
12031		A	Layer closure of wound(s)	2.15	2.21	0.81	0.15	4.51	3.11	010
12032		A	Layer closure of wound(s)	2.47	2.84	1.36	0.15	5.46	3.98	010
12034		A	Layer closure of wound(s)	2.92	3.12	1.51	0.21	6.25	4.64	010
12035		A	Layer closure of wound(s)	3.43	3.20	1.73	0.30	6.93	5.46	010
12036		A	Layer closure of wound(s)	4.05	5.33	2.50	0.41	9.79	6.96	010
12037		A	Layer closure of wound(s)	4.67	5.57	2.86	0.49	10.73	8.02	010
12041		A	Layer closure of wound(s)	2.37	2.41	0.87	0.17	4.95	3.41	010
12042		A	Layer closure of wound(s)	2.74	3.03	1.49	0.17	5.94	4.40	010
12044		A	Layer closure of wound(s)	3.14	3.22	1.67	0.24	6.60	5.05	010
12045		A	Layer closure of wound(s)	3.64	3.54	1.93	0.34	7.52	5.91	010
12046		A	Layer closure of wound(s)	4.25	6.24	2.62	0.40	10.89	7.27	010
12047		A	Layer closure of wound(s)	4.65	7.21	2.86	0.41	12.27	7.92	010
12051		A	Layer closure of wound(s)	2.47	3.11	1.49	0.16	5.74	4.12	010
12052		A	Layer closure of wound(s)	2.77	3.00	1.47	0.17	5.94	4.41	010
12053		A	Layer closure of wound(s)	3.12	3.20	1.63	0.20	6.52	4.95	010
12054		A	Layer closure of wound(s)	3.46	3.52	1.72	0.25	7.23	5.43	010
12055		A	Layer closure of wound(s)	4.43	4.49	2.27	0.35	9.27	7.05	010
12056		A	Layer closure of wound(s)	5.24	7.31	3.26	0.43	12.98	8.93	010
12057		A	Layer closure of wound(s)	5.96	6.31	3.66	0.50	12.77	10.12	010
13100		A	Repair of wound or lesion	3.12	3.39	1.93	0.21	6.72	5.26	010
13101		A	Repair of wound or lesion	3.92	3.59	2.39	0.22	7.73	6.53	010
13102		A	Repair wound/lesion add-on	1.24	0.75	0.60	0.10	2.09	1.94	ZZZ
13120		A	Repair of wound or lesion	3.30	3.48	1.95	0.23	7.01	5.48	010
13121		A	Repair of wound or lesion	4.33	3.84	2.52	0.25	8.42	7.10	010
13122		A	Repair wound/lesion add-on	1.44	0.89	0.67	0.12	2.45	2.23	ZZZ
13131		A	Repair of wound or lesion	3.79	3.75	2.30	0.25	7.79	6.34	010
13132		A	Repair of wound or lesion	5.95	4.57	3.38	0.32	10.84	9.65	010
13133		A	Repair wound/lesion add-on	2.19	1.23	1.08	0.17	3.59	3.44	ZZZ
13150		A	Repair of wound or lesion	3.81	5.19	2.75	0.29	9.29	6.85	010
13151		A	Repair of wound or lesion	4.45	5.07	3.19	0.28	9.80	7.92	010
13152		A	Repair of wound or lesion	6.33	5.78	4.14	0.38	12.49	10.85	010
13153		A	Repair wound/lesion add-on	2.38	1.38	1.20	0.18	3.94	3.76	ZZZ
13160		A	Late closure of wound	10.48	NA	6.47	1.19	NA	18.14	090
14000		A	Skin tissue rearrangement	5.89	7.58	4.83	0.46	13.93	11.18	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
14001	.....	A	Skin tissue rearrangement	8.47	8.72	6.18	0.65	17.84	15.30	090
14020	.....	A	Skin tissue rearrangement	6.59	8.05	5.56	0.50	15.14	12.65	090
14021	.....	A	Skin tissue rearrangement	10.06	9.29	7.38	0.69	20.04	18.13	090
14040	.....	A	Skin tissue rearrangement	7.87	8.19	6.27	0.53	16.59	14.67	090
14041	.....	A	Skin tissue rearrangement	11.49	9.90	8.17	0.68	22.07	20.34	090
14060	.....	A	Skin tissue rearrangement	8.50	8.64	7.13	0.59	17.73	16.22	090
14061	.....	A	Skin tissue rearrangement	12.29	10.85	9.08	0.75	23.89	22.12	090
14300	.....	A	Skin tissue rearrangement	11.76	10.11	8.68	0.88	22.75	21.32	090
14350	.....	A	Skin tissue rearrangement	9.61	NA	6.48	1.09	NA	17.18	090
15000	.....	A	Skin graft	4.00	2.51	1.91	0.37	6.88	6.28	000
15001	.....	A	Skin graft add-on	1.00	0.64	0.43	0.11	1.75	1.54	ZZZ
15050	.....	A	Skin pinch graft	4.30	4.98	4.12	0.46	9.74	8.88	090
15100	.....	A	Skin split graft	9.05	6.27	6.26	0.94	16.26	16.25	090
15101	.....	A	Skin split graft add-on	1.72	1.40	0.76	0.18	3.30	2.66	ZZZ
15120	.....	A	Skin split graft	9.83	8.62	6.97	0.87	19.32	17.67	090
15121	.....	A	Skin split graft add-on	2.67	1.83	1.23	0.27	4.77	4.17	ZZZ
15200	.....	A	Skin full graft	8.03	9.90	5.64	0.73	18.66	14.40	090
15201	.....	A	Skin full graft add-on	1.32	1.00	0.68	0.14	2.46	2.14	ZZZ
15220	.....	A	Skin full graft	7.87	9.38	6.47	0.68	17.93	15.02	090
15221	.....	A	Skin full graft add-on	1.19	0.92	0.60	0.12	2.23	1.91	ZZZ
15240	.....	A	Skin full graft	9.04	9.01	7.27	0.77	18.82	17.08	090
15241	.....	A	Skin full graft add-on	1.86	1.47	0.95	0.17	3.50	2.98	ZZZ
15260	.....	A	Skin full graft	10.06	9.01	7.74	0.63	19.70	18.43	090
15261	.....	A	Skin full graft add-on	2.23	1.59	1.16	0.17	3.99	3.56	ZZZ
15342	.....	A	Cultured skin graft, 25 cm	1.00	2.18	1.04	0.09	3.27	2.13	010
15343	.....	A	Cultured skin graft addl 25 cm	0.25	0.42	0.10	0.02	0.69	0.37	ZZZ
15350	.....	A	Skin homograft	4.00	7.78	4.23	0.42	12.20	8.65	090
15351	.....	A	Skin homograft add-on	1.00	0.85	0.42	0.11	1.96	1.53	ZZZ
15400	.....	A	Skin heterograft	4.00	4.89	4.89	0.40	9.29	9.29	090
15401	.....	A	Skin heterograft add-on	1.00	1.59	0.47	0.11	2.70	1.58	ZZZ
15570	.....	A	Form skin pedicle flap	9.21	7.80	6.37	0.96	17.97	16.54	090
15572	.....	A	Form skin pedicle flap	9.27	8.08	6.34	0.93	18.28	16.54	090
15574	.....	A	Form skin pedicle flap	9.88	8.61	7.14	0.92	19.41	17.94	090
15576	.....	A	Form skin pedicle flap	8.69	8.89	6.55	0.72	18.30	15.96	090
15600	.....	A	Skin graft	1.91	6.66	2.51	0.19	8.76	4.61	090
15610	.....	A	Skin graft	2.42	5.90	2.67	0.25	8.57	5.34	090
15620	.....	A	Skin graft	2.94	7.04	3.54	0.28	10.26	6.76	090
15630	.....	A	Skin graft	3.27	6.09	3.83	0.28	9.64	7.38	090
15650	.....	A	Transfer skin pedicle flap	3.97	5.69	3.99	0.36	10.02	8.32	090
15732	.....	A	Muscle-skin graft, head/neck	17.84	NA	11.63	1.50	NA	30.97	090
15734	.....	A	Muscle-skin graft, trunk	17.79	NA	11.49	1.91	NA	31.19	090
15736	.....	A	Muscle-skin graft, arm	16.27	NA	11.14	1.78	NA	29.19	090
15738	.....	A	Muscle-skin graft, leg	17.92	NA	11.47	1.95	NA	31.34	090
15740	.....	A	Island pedicle flap graft	10.25	8.74	7.20	0.62	19.61	18.07	090
15750	.....	A	Neurovascular pedicle graft	11.41	NA	8.45	1.12	NA	20.98	090
15756	.....	A	Free muscle flap, microvasc	35.23	NA	22.50	3.11	NA	60.84	090
15757	.....	A	Free skin flap, microvasc	35.23	NA	22.54	3.37	NA	61.14	090
15758	.....	A	Free fascial flap, microvasc	35.10	NA	22.75	3.52	NA	61.37	090
15760	.....	A	Composite skin graft	8.74	9.27	6.93	0.72	18.73	16.39	090
15770	.....	A	Derma-fat-fascia graft	7.52	NA	6.14	0.78	NA	14.44	090
15775	.....	R	Hair transplant punch grafts	3.96	3.12	1.60	0.43	7.51	5.99	000
15776	.....	R	Hair transplant punch grafts	5.54	3.97	2.97	0.60	10.11	9.11	000
15780	.....	A	Abrasion treatment of skin	7.29	6.41	6.13	0.41	14.11	13.83	090
15781	.....	A	Abrasion treatment of skin	4.85	5.17	4.83	0.27	10.29	9.95	090
15782	.....	A	Abrasion treatment of skin	4.32	4.37	4.09	0.21	8.90	8.62	090
15783	.....	A	Abrasion treatment of skin	4.29	5.02	3.51	0.26	9.57	8.06	090
15786	.....	A	Abrasion, lesion, single	2.03	1.73	1.29	0.11	3.87	3.43	010
15787	.....	A	Abrasion, lesions, add-on	0.33	0.39	0.18	0.02	0.74	0.53	ZZZ
15788	.....	R	Chemical peel, face, epiderm	2.09	3.15	1.07	0.11	5.35	3.27	090
15789	.....	R	Chemical peel, face, dermal	4.92	5.65	3.32	0.27	10.84	8.51	090
15792	.....	R	Chemical peel, nonfacial	1.86	2.87	1.63	0.10	4.83	3.59	090
15793	.....	A	Chemical peel, nonfacial	3.74	NA	3.81	0.17	NA	7.72	090
15810	.....	A	Salabrasion	4.74	4.04	4.04	0.42	9.20	9.20	090
15811	.....	A	Salabrasion	5.39	5.85	5.06	0.52	11.76	10.97	090
15819	.....	A	Plastic surgery, neck	9.38	NA	6.24	0.77	NA	16.39	090
15820	.....	A	Revision of lower eyelid	5.15	10.34	7.13	0.30	15.79	12.58	090
15821	.....	A	Revision of lower eyelid	5.72	11.87	7.34	0.31	17.90	13.37	090
15822	.....	A	Revision of upper eyelid	4.45	10.58	6.58	0.22	15.25	11.25	090
15823	.....	A	Revision of upper eyelid	7.05	11.38	7.60	0.32	18.75	14.97	090
15824	.....	R	Removal of forehead wrinkles	0.00	0.00	0.00	0.00	0.00	0.00	000
15825	.....	R	Removal of neck wrinkles	0.00	0.00	0.00	0.00	0.00	0.00	000
15826	.....	R	Removal of brow wrinkles	0.00	0.00	0.00	0.00	0.00	0.00	000
15828	.....	R	Removal of face wrinkles	0.00	0.00	0.00	0.00	0.00	0.00	000

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
15829		R	Removal of skin wrinkles	0.00	0.00	0.00	0.00	0.00	0.00	000
15831		A	Excise excessive skin tissue	12.40	NA	8.14	1.30	NA	21.84	090
15832		A	Excise excessive skin tissue	11.59	NA	8.04	1.21	NA	20.84	090
15833		A	Excise excessive skin tissue	10.64	NA	7.34	1.17	NA	19.15	090
15834		A	Excise excessive skin tissue	10.85	NA	7.59	1.18	NA	19.62	090
15835		A	Excise excessive skin tissue	11.67	NA	7.94	1.13	NA	20.74	090
15836		A	Excise excessive skin tissue	9.34	NA	6.51	0.95	NA	16.80	090
15837		A	Excise excessive skin tissue	8.43	7.30	6.38	0.78	16.51	15.59	090
15838		A	Excise excessive skin tissue	7.13	NA	5.70	0.58	NA	13.41	090
15839		A	Excise excessive skin tissue	9.38	7.64	5.97	0.88	17.90	16.23	090
15840		A	Graft for face nerve palsy	13.26	NA	10.10	1.15	NA	24.51	090
15841		A	Graft for face nerve palsy	23.26	NA	14.68	2.65	NA	40.59	090
15842		A	Flap for face nerve palsy	37.96	NA	22.81	3.99	NA	64.76	090
15845		A	Skin and muscle repair, face	12.57	NA	8.81	0.80	NA	22.18	090
15850		B	Removal of sutures	+0.78	1.43	0.31	0.04	2.25	1.13	XXX
15851		A	Removal of sutures	0.86	1.64	0.35	0.05	2.55	1.26	000
15852		A	Dressing change, not for burn	0.86	1.93	0.36	0.07	2.86	1.29	000
15860		A	Test for blood flow in graft	1.95	1.35	0.84	0.13	3.43	2.92	000
15876		R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	0.00	0.00	000
15877		R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	0.00	0.00	000
15878		R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	0.00	0.00	000
15879		R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	0.00	0.00	000
15920		A	Removal of tail bone ulcer	7.95	NA	5.90	0.83	NA	14.68	090
15922		A	Removal of tail bone ulcer	9.90	NA	7.78	1.06	NA	18.74	090
15931		A	Remove sacrum pressure sore	9.24	NA	5.89	0.95	NA	16.08	090
15933		A	Remove sacrum pressure sore	10.85	NA	8.32	1.14	NA	20.31	090
15934		A	Remove sacrum pressure sore	12.69	NA	8.48	1.35	NA	22.52	090
15935		A	Remove sacrum pressure sore	14.57	NA	10.12	1.56	NA	26.25	090
15936		A	Remove sacrum pressure sore	12.38	NA	8.81	1.32	NA	22.51	090
15937		A	Remove sacrum pressure sore	14.21	NA	10.75	1.51	NA	26.47	090
15940		A	Remove hip pressure sore	9.34	NA	6.17	0.98	NA	16.49	090
15941		A	Remove hip pressure sore	11.43	NA	10.44	1.23	NA	23.10	090
15944		A	Remove hip pressure sore	11.46	NA	8.77	1.21	NA	21.44	090
15945		A	Remove hip pressure sore	12.69	NA	9.73	1.38	NA	23.80	090
15946		A	Remove hip pressure sore	21.57	NA	14.65	2.32	NA	38.54	090
15950		A	Remove thigh pressure sore	7.54	NA	5.43	0.80	NA	13.77	090
15951		A	Remove thigh pressure sore	10.72	NA	8.07	1.14	NA	19.93	090
15952		A	Remove thigh pressure sore	11.39	NA	7.86	1.19	NA	20.44	090
15953		A	Remove thigh pressure sore	12.63	NA	9.24	1.38	NA	23.25	090
15956		A	Remove thigh pressure sore	15.52	NA	10.71	1.64	NA	27.87	090
15958		A	Remove thigh pressure sore	15.48	NA	11.20	1.66	NA	28.34	090
15999		C	Removal of pressure sore	0.00	0.00	0.00	0.00	0.00	0.00	YYY
16000		A	Initial treatment of burn(s)	0.89	1.09	0.27	0.06	2.04	1.22	000
16010		A	Treatment of burn(s)	0.87	1.21	0.37	0.07	2.15	1.31	000
16015		A	Treatment of burn(s)	2.35	2.01	1.03	0.22	4.58	3.60	000
16020		A	Treatment of burn(s)	0.80	1.20	0.27	0.06	2.06	1.13	000
16025		A	Treatment of burn(s)	1.85	1.94	0.69	0.16	3.95	2.70	000
16030		A	Treatment of burn(s)	2.08	3.36	0.97	0.18	5.62	3.23	000
16035		A	Incision of burn scab, initi	3.75	NA	1.56	0.36	NA	5.67	090
16036		A	Incise burn scab, addl incis	1.50	NA	0.62	0.11	NA	2.23	ZZZ
17000		A	Detroy benign/premal lesion	0.60	1.10	0.28	0.03	1.73	0.91	010
17003		A	Destroy lesions, 2–14	0.15	0.24	0.07	0.01	0.40	0.23	ZZZ
17004		A	Destroy lesions, 15 or more	2.79	2.56	1.30	0.12	5.47	4.21	010
17106		A	Destruction of skin lesions	4.59	4.88	2.88	0.28	9.75	7.75	090
17107		A	Destruction of skin lesions	9.16	6.92	5.28	0.53	16.61	14.97	090
17108		A	Destruction of skin lesions	13.20	8.87	7.26	0.89	22.96	21.35	090
17110		A	Destruct lesion, 1–14	0.65	1.11	0.26	0.04	1.80	0.95	010
17111		A	Destruct lesion, 15 or more	0.92	1.13	0.41	0.04	2.09	1.37	010
17250		A	Chemical cautery, tissue	0.50	0.76	0.21	0.04	1.30	0.75	000
17260		A	Destruction of skin lesions	0.91	1.37	0.39	0.04	2.32	1.34	010
17261		A	Destruction of skin lesions	1.17	1.48	0.56	0.05	2.70	1.78	010
17262		A	Destruction of skin lesions	1.58	1.69	0.76	0.07	3.34	2.41	010
17263		A	Destruction of skin lesions	1.79	1.80	0.83	0.08	3.67	2.70	010
17264		A	Destruction of skin lesions	1.94	1.87	0.87	0.08	3.89	2.89	010
17266		A	Destruction of skin lesions	2.34	2.08	1.05	0.11	4.53	3.50	010
17270		A	Destruction of skin lesions	1.32	1.57	0.60	0.06	2.95	1.98	010
17271		A	Destruction of skin lesions	1.49	1.65	0.72	0.06	3.20	2.27	010
17272		A	Destruction of skin lesions	1.77	1.79	0.86	0.07	3.63	2.70	010
17273		A	Destruction of skin lesions	2.05	1.93	0.97	0.09	4.07	3.11	010
17274		A	Destruction of skin lesions	2.59	2.21	1.20	0.11	4.91	3.90	010
17276		A	Destruction of skin lesions	3.20	2.52	1.84	0.15	5.87	5.19	010
17280		A	Destruction of skin lesions	1.17	1.41	0.54	0.05	2.63	1.76	010
17281		A	Destruction of skin lesions	1.72	1.77	0.83	0.07	3.56	2.62	010

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
17282	.....	A	Destruction of skin lesions	2.04	1.93	0.99	0.09	4.06	3.12	010
17283	.....	A	Destruction of skin lesions	2.64	2.23	1.24	0.11	4.98	3.99	010
17284	.....	A	Destruction of skin lesions	3.21	2.52	1.51	0.14	5.87	4.86	010
17286	.....	A	Destruction of skin lesions	4.44	3.23	2.52	0.22	7.89	7.18	010
17304	.....	A	Chemosurgery of skin lesion	7.60	7.76	3.74	0.31	15.67	11.65	000
17305	.....	A	2nd stage chemosurgery	2.85	3.60	1.40	0.12	6.57	4.37	000
17306	.....	A	3rd stage chemosurgery	2.85	3.64	1.41	0.12	6.61	4.38	000
17307	.....	A	Followup skin lesion therapy	2.85	3.62	1.43	0.12	6.59	4.40	000
17310	.....	A	Extensive skin chemosurgery	0.95	1.54	0.48	0.05	2.54	1.48	000
17340	.....	A	Cryotherapy of skin	0.76	0.39	0.27	0.04	1.19	1.07	010
17360	.....	A	Skin peel therapy	1.43	1.46	0.73	0.06	2.95	2.22	010
17380	.....	R	Hair removal by electrolysis	0.00	0.00	0.00	0.00	0.00	0.00	000
17999	.....	C	Skin tissue procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
19000	.....	A	Drainage of breast lesion	0.84	1.27	0.30	0.07	2.18	1.21	000
19001	.....	A	Drain breast lesion add-on	0.42	0.86	0.15	0.03	1.31	0.60	ZZZ
19020	.....	A	Incision of breast lesion	3.57	7.13	3.51	0.35	11.05	7.43	090
19030	.....	A	Injection for breast x-ray	1.53	3.70	0.54	0.07	5.30	2.14	000
19100	.....	A	Bx breast percut w/o image	1.27	1.50	0.45	0.10	2.87	1.82	000
19101	.....	A	Biopsy of breast, open	3.18	5.27	1.97	0.20	8.65	5.35	010
19102	.....	A	Bx breast percut w/image	2.00	5.13	0.71	0.13	7.26	2.84	000
19103	.....	A	Bx breast percut w/device	3.70	12.73	1.31	0.16	16.59	5.17	000
19110	.....	A	Nipple exploration	4.30	9.79	4.56	0.44	14.53	9.30	090
19112	.....	A	Excise breast duct fistula	3.67	10.91	3.19	0.38	14.96	7.24	090
19120	.....	A	Removal of breast lesion	5.56	5.18	3.20	0.56	11.30	9.32	090
19125	.....	A	Excision, breast lesion	6.06	5.36	3.36	0.61	12.03	10.03	090
19126	.....	A	Excision, addl breast lesion	2.93	NA	1.06	0.30	NA	4.29	ZZZ
19140	.....	A	Removal of breast tissue	5.14	10.26	3.79	0.52	15.92	9.45	090
19160	.....	A	Removal of breast tissue	5.99	NA	4.62	0.61	NA	11.22	090
19162	.....	A	Remove breast tissue, nodes	13.53	NA	8.07	1.38	NA	22.98	090
19180	.....	A	Removal of breast	8.80	NA	6.08	0.88	NA	15.76	090
19182	.....	A	Removal of breast	7.73	NA	5.06	0.79	NA	13.58	090
19200	.....	A	Removal of breast	15.49	NA	9.33	1.51	NA	26.33	090
19220	.....	A	Removal of breast	15.72	NA	9.52	1.56	NA	26.80	090
19240	.....	A	Removal of breast	16.00	NA	8.94	1.62	NA	26.56	090
19260	.....	A	Removal of chest wall lesion	15.44	NA	9.12	1.64	NA	26.20	090
19271	.....	A	Revision of chest wall	18.90	NA	11.13	2.27	NA	32.30	090
19272	.....	A	Extensive chest wall surgery	21.55	NA	12.36	2.54	NA	36.45	090
19290	.....	A	Place needle wire, breast	1.27	2.95	0.45	0.06	4.28	1.78	000
19291	.....	A	Place needle wire, breast	0.63	1.74	0.22	0.03	2.40	0.88	ZZZ
19295	.....	A	Place breast clip, percut	0.00	2.83	NA	0.01	2.84	NA	ZZZ
19316	.....	A	Suspension of breast	10.69	NA	8.00	1.15	NA	19.84	090
19318	.....	A	Reduction of large breast	15.62	NA	10.64	1.69	NA	27.95	090
19324	.....	A	Enlarge breast	5.85	NA	4.41	0.63	NA	10.89	090
19325	.....	A	Enlarge breast with implant	8.45	NA	7.00	0.90	NA	16.35	090
19328	.....	A	Removal of breast implant	5.68	NA	4.73	0.61	NA	11.02	090
19330	.....	A	Removal of implant material	7.59	NA	5.41	0.81	NA	13.81	090
19340	.....	A	Immediate breast prosthesis	6.33	NA	3.30	0.68	NA	10.31	ZZZ
19342	.....	A	Delayed breast prosthesis	11.20	NA	8.15	1.21	NA	20.56	090
19350	.....	A	Breast reconstruction	8.92	14.55	7.09	0.95	24.42	16.96	090
19355	.....	A	Correct inverted nipple(s)	7.57	12.42	5.93	0.80	20.79	14.30	090
19357	.....	A	Breast reconstruction	18.16	NA	14.40	1.96	NA	34.52	090
19361	.....	A	Breast reconstruction	19.26	NA	12.45	2.08	NA	33.79	090
19364	.....	A	Breast reconstruction	41.00	NA	25.45	3.91	NA	70.36	090
19366	.....	A	Breast reconstruction	21.28	NA	12.02	2.27	NA	35.57	090
19367	.....	A	Breast reconstruction	25.73	NA	15.77	2.78	NA	44.28	090
19368	.....	A	Breast reconstruction	32.42	NA	19.04	3.51	NA	54.97	090
19369	.....	A	Breast reconstruction	29.82	NA	18.29	3.24	NA	51.35	090
19370	.....	A	Surgery of breast capsule	8.05	NA	6.39	0.86	NA	15.30	090
19371	.....	A	Removal of breast capsule	9.35	NA	7.46	1.01	NA	17.82	090
19380	.....	A	Revise breast reconstruction	9.14	NA	7.35	0.98	NA	17.47	090
19396	.....	A	Design custom breast implant	2.17	7.08	0.87	0.23	9.48	3.27	000
19499	.....	C	Breast surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
20000	.....	A	Incision of abscess	2.12	2.23	1.20	0.17	4.52	3.49	010
20005	.....	A	Incision of deep abscess	3.42	3.07	2.22	0.34	6.83	5.98	010
20100	.....	A	Explore wound, neck	10.08	6.49	4.12	0.99	17.56	15.19	010
20101	.....	A	Explore wound, chest	3.22	3.03	1.64	0.24	6.49	5.10	010
20102	.....	A	Explore wound, abdomen	3.94	3.43	1.85	0.35	7.72	6.14	010
20103	.....	A	Explore wound, extremity	5.30	4.41	3.01	0.57	10.28	8.88	010
20150	.....	A	Excise epiphyseal bar	13.69	NA	9.72	0.96	NA	24.37	090
20200	.....	A	Muscle biopsy	1.46	1.72	0.62	0.17	3.35	2.25	000
20205	.....	A	Deep muscle biopsy	2.35	4.04	0.98	0.23	6.62	3.56	000
20206	.....	A	Needle biopsy, muscle	0.99	3.27	0.36	0.06	4.32	1.41	000
20220	.....	A	Bone biopsy, trocar/needle	1.27	4.96	2.98	0.06	6.29	4.31	000

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
20225	.....	A	Bone biopsy, trocar/needle	1.87	4.47	3.06	0.11	6.45	5.04	000
20240	.....	A	Bone biopsy, excisional	3.23	NA	4.15	0.33	NA	7.71	010
20245	.....	A	Bone biopsy, excisional	7.78	NA	6.91	0.44	NA	15.13	010
20250	.....	A	Open bone biopsy	5.03	NA	4.37	0.50	NA	9.90	010
20251	.....	A	Open bone biopsy	5.56	NA	4.86	0.79	NA	11.21	010
20500	.....	A	Injection of sinus tract	1.23	5.34	3.91	0.10	6.67	5.24	010
20501	.....	A	Inject sinus tract for x-ray	0.76	3.32	0.27	0.03	4.11	1.06	000
20520	.....	A	Removal of foreign body	1.85	5.62	3.62	0.17	7.64	5.64	010
20525	.....	A	Removal of foreign body	3.50	7.26	4.40	0.40	11.16	8.30	010
20526	.....	A	Ther injection carpal tunnel	0.86	0.78	0.39	0.06	1.70	1.31	000
20550	.....	A	Inject tendon/ligament/cyst	0.86	0.85	0.28	0.06	1.77	1.20	000
20551	.....	A	Inject tendon origin/insert	0.86	0.78	0.39	0.06	1.70	1.31	000
20552	.....	A	Inject trigger point, 1 or 2	0.86	0.78	0.39	0.06	1.70	1.31	000
20553	.....	A	Inject trigger points, > 3	0.86	0.78	0.39	0.06	1.70	1.31	000
20600	.....	A	Drain/inject, joint/bursa	0.66	0.67	0.37	0.06	1.39	1.09	000
20605	.....	A	Drain/inject, joint/bursa	0.68	0.78	0.38	0.06	1.52	1.12	000
20610	.....	A	Drain/inject, joint/bursa	0.79	0.96	0.44	0.08	1.83	1.31	000
20615	.....	A	Treatment of bone cyst	2.28	4.89	2.52	0.19	7.36	4.99	010
20650	.....	A	Insert and remove bone pin	2.23	5.06	3.19	0.28	7.57	5.70	010
20660	.....	A	Apply, remove fixation device	2.51	NA	1.49	0.48	NA	4.48	000
20661	.....	A	Application of head brace	4.89	NA	6.74	0.92	NA	12.55	090
20662	.....	A	Application of pelvis brace	6.07	NA	5.12	0.81	NA	12.00	090
20663	.....	A	Application of thigh brace	5.43	NA	4.94	0.77	NA	11.14	090
20664	.....	A	Halo brace application	8.06	NA	8.55	1.49	NA	18.10	090
20665	.....	A	Removal of fixation device	1.31	2.33	1.25	0.17	3.81	2.73	010
20670	.....	A	Removal of support implant	1.74	5.73	3.42	0.23	7.70	5.39	010
20680	.....	A	Removal of support implant	3.35	5.04	5.04	0.46	8.85	8.85	090
20690	.....	A	Apply bone fixation device	3.52	NA	1.91	0.47	NA	5.90	090
20692	.....	A	Apply bone fixation device	6.41	NA	3.57	0.60	NA	10.58	090
20693	.....	A	Adjust bone fixation device	5.86	NA	12.98	0.85	NA	19.69	090
20694	.....	A	Remove bone fixation device	4.16	8.96	6.30	0.57	13.69	11.03	090
20802	.....	A	Replantation, arm, complete	41.15	NA	28.95	5.81	NA	75.91	090
20805	.....	A	Replant, forearm, complete	50.00	NA	38.72	3.95	NA	92.67	090
20808	.....	A	Replantation hand, complete	61.65	NA	56.41	6.49	NA	124.55	090
20816	.....	A	Replantation digit, complete	30.94	NA	49.50	3.01	NA	83.45	090
20822	.....	A	Replantation digit, complete	25.59	NA	45.97	3.07	NA	74.63	090
20824	.....	A	Replantation thumb, complete	30.94	NA	49.10	3.48	NA	83.52	090
20827	.....	A	Replantation thumb, complete	26.41	NA	45.65	3.21	NA	75.27	090
20838	.....	A	Replantation foot, complete	41.41	NA	25.82	5.85	NA	73.08	090
20900	.....	A	Removal of bone for graft	5.58	5.97	5.97	0.77	12.32	12.32	090
20902	.....	A	Removal of bone for graft	7.55	NA	8.91	1.06	NA	17.52	090
20910	.....	A	Remove cartilage for graft	5.34	9.09	6.94	0.50	14.93	12.78	090
20912	.....	A	Remove cartilage for graft	6.35	NA	7.68	0.55	NA	14.58	090
20920	.....	A	Removal of fascia for graft	5.31	NA	5.44	0.54	NA	11.29	090
20922	.....	A	Removal of fascia for graft	6.61	8.50	6.28	0.88	15.99	13.77	090
20924	.....	A	Removal of tendon for graft	6.48	NA	7.03	0.82	NA	14.33	090
20926	.....	A	Removal of tissue for graft	5.53	NA	6.54	0.73	NA	12.80	090
20930	.....	B	Spinal bone allograft	0.00	0.00	0.00	0.00	0.00	0.00	XXX
20931	.....	A	Spinal bone allograft	1.81	NA	0.98	0.34	NA	3.13	ZZZ
20936	.....	B	Spinal bone autograft	0.00	0.00	0.00	0.00	0.00	0.00	XXX
20937	.....	A	Spinal bone autograft	2.79	NA	1.54	0.43	NA	4.76	ZZZ
20938	.....	A	Spinal bone autograft	3.02	NA	1.64	0.52	NA	5.18	ZZZ
20950	.....	A	Fluid pressure, muscle	1.26	NA	2.15	0.16	NA	3.57	000
20955	.....	A	Fibula bone graft, microvasc	39.21	NA	30.52	4.35	NA	74.08	090
20956	.....	A	Iliac bone graft, microvasc	39.27	NA	28.18	5.77	NA	73.22	090
20957	.....	A	Mt bone graft, microvasc	40.65	NA	21.71	5.74	NA	68.10	090
20962	.....	A	Other bone graft, microvasc	39.27	NA	28.54	5.19	NA	73.00	090
20969	.....	A	Bone/skin graft, microvasc	43.92	NA	33.31	4.34	NA	81.57	090
20970	.....	A	Bone/skin graft, iliac crest	43.06	NA	30.08	4.64	NA	77.78	090
20972	.....	A	Bone/skin graft, metatarsal	42.99	NA	18.23	6.07	NA	67.29	090
20973	.....	A	Bone/skin graft, great toe	45.76	NA	30.52	4.65	NA	80.93	090
20974	.....	A	Electrical bone stimulation	0.62	0.47	0.34	0.09	1.18	1.05	000
20975	.....	A	Electrical bone stimulation	2.60	NA	1.42	0.42	NA	4.44	000
20979	.....	A	Us bone stimulation	0.62	0.58	0.25	0.04	1.24	0.91	000
20999	.....	C	Musculoskeletal surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
21010	.....	A	Incision of jaw joint	10.14	NA	7.24	0.54	NA	17.92	090
21015	.....	A	Resection of facial tumor	5.29	NA	7.38	0.52	NA	13.19	090
21025	.....	A	Excision of bone, lower jaw	10.06	7.40	7.00	0.79	18.25	17.85	090
21026	.....	A	Excision of facial bone(s)	4.85	5.23	5.12	0.40	10.48	10.37	090
21029	.....	A	Contour of face bone lesion	7.71	7.18	6.73	0.74	15.63	15.18	090
21030	.....	A	Removal of face bone lesion	6.46	5.47	4.94	0.60	12.53	12.00	090
21031	.....	A	Remove exostosis, mandible	3.24	3.39	2.19	0.28	6.91	5.71	090
21032	.....	A	Remove exostosis, maxilla	3.24	3.38	2.47	0.27	6.89	5.98	090

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[3] +Indicates RVUs are not used for Medicare payment.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
21034		A	Removal of face bone lesion	16.17	10.59	10.59	1.37	28.13	28.13	090
21040		A	Removal of jaw bone lesion	2.11	3.03	1.81	0.19	5.33	4.11	090
21041		A	Removal of jaw bone lesion	6.71	5.68	4.46	0.56	12.95	11.73	090
21044		A	Removal of jaw bone lesion	11.86	NA	8.33	0.87	NA	21.06	090
21045		A	Extensive jaw surgery	16.17	NA	10.63	1.20	NA	28.00	090
21050		A	Removal of jaw joint	10.77	NA	11.93	0.84	NA	23.54	090
21060		A	Remove jaw joint cartilage	10.23	NA	10.59	1.16	NA	21.98	090
21070		A	Remove coronoid process	8.20	NA	6.36	0.67	NA	15.23	090
21076		A	Prepare face/oral prosthesis	13.42	9.87	7.41	1.36	24.65	22.19	010
21077		A	Prepare face/oral prosthesis	33.75	24.83	18.64	3.43	62.01	55.82	090
21079		A	Prepare face/oral prosthesis	22.34	17.55	12.90	1.59	41.48	36.83	090
21080		A	Prepare face/oral prosthesis	25.10	19.72	14.49	2.55	47.37	42.14	090
21081		A	Prepare face/oral prosthesis	22.88	17.97	13.21	1.87	42.72	37.96	090
21082		A	Prepare face/oral prosthesis	20.87	15.35	11.53	1.46	37.68	33.86	090
21083		A	Prepare face/oral prosthesis	19.30	15.16	11.14	1.96	36.42	32.40	090
21084		A	Prepare face/oral prosthesis	22.51	17.68	12.99	1.57	41.76	37.07	090
21085		A	Prepare face/oral prosthesis	9.00	6.62	4.97	0.65	16.27	14.62	010
21086		A	Prepare face/oral prosthesis	24.92	19.58	14.39	1.86	46.36	41.17	090
21087		A	Prepare face/oral prosthesis	24.92	18.33	13.76	2.22	45.47	40.90	090
21088		C	Prepare face/oral prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	090
21089		C	Prepare face/oral prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	090
21100		A	Maxillofacial fixation	4.22	5.66	3.70	0.18	10.06	8.10	090
21110		A	Interdental fixation	5.21	5.25	4.48	0.28	10.74	9.97	090
21116		A	Injection, jaw joint x-ray	0.81	7.88	0.30	0.05	8.74	1.16	000
21120		A	Reconstruction of chin	4.93	7.96	4.98	0.29	13.18	10.20	090
21121		A	Reconstruction of chin	7.64	7.68	6.65	0.56	15.88	14.85	090
21122		A	Reconstruction of chin	8.52	NA	7.95	0.59	NA	17.06	090
21123		A	Reconstruction of chin	11.16	NA	7.68	1.16	NA	20.00	090
21125		A	Augmentation, lower jaw bone	10.62	9.56	7.84	0.72	20.90	19.18	090
21127		A	Augmentation, lower jaw bone	11.12	10.66	7.33	0.76	22.54	19.21	090
21137		A	Reduction of forehead	9.82	NA	8.20	0.53	NA	18.55	090
21138		A	Reduction of forehead	12.19	NA	8.82	1.47	NA	22.48	090
21139		A	Reduction of forehead	14.61	NA	8.23	1.02	NA	23.86	090
21141		A	Reconstruct midface, lefort	18.10	NA	10.69	1.63	NA	30.42	090
21142		A	Reconstruct midface, lefort	18.81	NA	13.80	1.16	NA	33.77	090
21143		A	Reconstruct midface, lefort	19.58	NA	11.21	0.90	NA	31.69	090
21145		A	Reconstruct midface, lefort	19.94	NA	11.69	2.09	NA	33.72	090
21146		A	Reconstruct midface, lefort	20.71	NA	11.61	2.13	NA	34.45	090
21147		A	Reconstruct midface, lefort	21.77	NA	12.07	1.52	NA	35.36	090
21150		A	Reconstruct midface, lefort	25.24	NA	17.20	1.09	NA	43.53	090
21151		A	Reconstruct midface, lefort	28.30	NA	21.35	1.98	NA	51.63	090
21154		A	Reconstruct midface, lefort	30.52	NA	21.03	4.86	NA	56.41	090
21155		A	Reconstruct midface, lefort	34.45	NA	23.20	5.48	NA	63.13	090
21159		A	Reconstruct midface, lefort	42.38	NA	21.72	6.74	NA	70.84	090
21160		A	Reconstruct midface, lefort	46.44	NA	30.39	4.39	NA	81.22	090
21172		A	Reconstruct orbit/forehead	27.80	NA	16.39	1.91	NA	46.10	090
21175		A	Reconstruct orbit/forehead	33.17	NA	19.79	5.16	NA	58.12	090
21179		A	Reconstruct entire forehead	22.25	NA	18.94	2.48	NA	43.67	090
21180		A	Reconstruct entire forehead	25.19	NA	18.33	2.15	NA	45.67	090
21181		A	Contour cranial bone lesion	9.90	NA	8.46	0.97	NA	19.33	090
21182		A	Reconstruct cranial bone	32.19	NA	21.97	2.53	NA	56.69	090
21183		A	Reconstruct cranial bone	35.31	NA	22.93	2.75	NA	60.99	090
21184		A	Reconstruct cranial bone	38.24	NA	19.54	4.12	NA	61.90	090
21188		A	Reconstruction of midface	22.46	NA	15.86	1.85	NA	40.17	090
21193		A	Reconst lwr jaw w/o graft	17.15	NA	10.77	1.53	NA	29.45	090
21194		A	Reconst lwr jaw w/graft	19.84	NA	12.44	1.39	NA	33.67	090
21195		A	Reconst lwr jaw w/o fixation	17.24	NA	12.36	1.20	NA	30.80	090
21196		A	Reconst lwr jaw w/fixation	18.91	NA	12.83	1.62	NA	33.36	090
21198		A	Reconstr lwr jaw segment	14.16	NA	12.30	1.05	NA	27.51	090
21199		A	Reconstr lwr jaw w/advance	16.00	NA	10.85	1.26	NA	28.11	090
21206		A	Reconstruct upper jaw bone	14.10	NA	9.39	1.01	NA	24.50	090
21208		A	Augmentation of facial bones	10.23	8.95	8.62	0.92	20.10	19.77	090
21209		A	Reduction of facial bones	6.72	8.05	6.54	0.60	15.37	13.86	090
21210		A	Face bone graft	10.23	8.82	8.28	0.88	19.93	19.39	090
21215		A	Lower jaw bone graft	10.77	8.95	7.48	1.04	20.76	19.29	090
21230		A	Rib cartilage graft	10.77	NA	10.85	0.96	NA	22.58	090
21235		A	Ear cartilage graft	6.72	11.90	8.36	0.52	19.14	15.60	090
21240		A	Reconstruction of jaw joint	14.05	NA	11.79	1.15	NA	26.99	090
21242		A	Reconstruction of jaw joint	12.95	NA	10.85	1.40	NA	25.20	090
21243		A	Reconstruction of jaw joint	20.79	NA	13.97	1.85	NA	36.61	090
21244		A	Reconstruction of lower jaw	11.86	NA	9.56	0.95	NA	22.37	090
21245		A	Reconstruction of jaw	11.86	24.85	10.25	0.88	37.59	22.99	090
21246		A	Reconstruction of jaw	12.47	10.20	10.20	1.21	23.88	23.88	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
21247		A	Reconstruct lower jaw bone	22.63	NA	20.17	2.21	NA	45.01	090
21248		A	Reconstruction of jaw	11.48	8.91	7.86	1.01	21.40	20.35	090
21249		A	Reconstruction of jaw	17.52	11.44	10.35	1.39	30.35	29.26	090
21255		A	Reconstruct lower jaw bone	16.72	NA	13.16	1.13	NA	31.01	090
21256		A	Reconstruction of orbit	16.19	NA	13.87	1.04	NA	31.10	090
21260		A	Revise eye sockets	16.52	NA	13.54	1.25	NA	31.31	090
21261		A	Revise eye sockets	31.49	NA	20.04	2.20	NA	53.73	090
21263		A	Revise eye sockets	28.42	NA	15.09	2.16	NA	45.67	090
21267		A	Revise eye sockets	18.90	NA	14.75	1.35	NA	35.00	090
21268		A	Revise eye sockets	24.48	NA	15.15	0.79	NA	40.42	090
21270		A	Augmentation, cheek bone	10.23	10.39	9.99	0.73	21.35	20.95	090
21275		A	Revision, orbitofacial bones	11.24	NA	11.02	1.03	NA	23.29	090
21280		A	Revision of eyelid	6.03	NA	6.27	0.27	NA	12.57	090
21282		A	Revision of eyelid	3.49	NA	5.38	0.21	NA	9.08	090
21295		A	Revision of jaw muscle/bone	1.53	NA	4.34	0.13	NA	6.00	090
21296		A	Revision of jaw muscle/bone	4.25	NA	4.09	0.30	NA	8.64	090
21299		C	Cranio/maxillofacial surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
21300		A	Treatment of skull fracture	0.72	2.77	0.30	0.09	3.58	1.11	000
21310		A	Treatment of nose fracture	0.58	2.70	0.15	0.05	3.33	0.78	000
21315		A	Treatment of nose fracture	1.51	3.49	1.27	0.12	5.12	2.90	010
21320		A	Treatment of nose fracture	1.85	4.96	2.10	0.15	6.96	4.10	010
21325		A	Treatment of nose fracture	3.77	NA	3.73	0.31	NA	7.81	090
21330		A	Treatment of nose fracture	5.38	NA	5.67	0.48	NA	11.53	090
21335		A	Treatment of nose fracture	8.61	NA	7.34	0.64	NA	16.59	090
21336		A	Treat nasal septal fracture	5.72	NA	5.74	0.45	NA	11.91	090
21337		A	Treat nasal septal fracture	2.70	5.24	3.42	0.22	8.16	6.34	090
21338		A	Treat nasoethmoid fracture	6.46	NA	5.75	0.53	NA	12.74	090
21339		A	Treat nasoethmoid fracture	8.09	NA	6.97	0.76	NA	15.82	090
21340		A	Treatment of nose fracture	10.77	NA	8.78	0.85	NA	20.40	090
21343		A	Treatment of sinus fracture	12.95	NA	9.48	1.06	NA	23.49	090
21344		A	Treatment of sinus fracture	19.72	NA	13.82	1.72	NA	35.26	090
21345		A	Treat nose/jaw fracture	8.16	10.36	7.91	0.60	19.12	16.67	090
21346		A	Treat nose/jaw fracture	10.61	NA	10.12	0.85	NA	21.58	090
21347		A	Treat nose/jaw fracture	12.69	NA	9.68	1.14	NA	23.51	090
21348		A	Treat nose/jaw fracture	16.69	NA	11.57	1.50	NA	29.76	090
21355		A	Treat cheek bone fracture	3.77	3.89	2.54	0.29	7.95	6.60	010
21356		A	Treat cheek bone fracture	4.15	NA	3.31	0.36	NA	7.82	010
21360		A	Treat cheek bone fracture	6.46	NA	5.74	0.52	NA	12.72	090
21365		A	Treat cheek bone fracture	14.95	NA	11.72	1.30	NA	27.97	090
21366		A	Treat cheek bone fracture	17.77	NA	14.28	1.41	NA	33.46	090
21385		A	Treat eye socket fracture	9.16	NA	8.04	0.64	NA	17.84	090
21386		A	Treat eye socket fracture	9.16	NA	8.43	0.76	NA	18.35	090
21387		A	Treat eye socket fracture	9.70	NA	8.55	0.78	NA	19.03	090
21390		A	Treat eye socket fracture	10.13	NA	8.73	0.70	NA	19.56	090
21395		A	Treat eye socket fracture	12.68	NA	9.24	1.09	NA	23.01	090
21400		A	Treat eye socket fracture	1.40	3.29	1.05	0.12	4.81	2.57	090
21401		A	Treat eye socket fracture	3.26	4.34	3.65	0.34	7.94	7.25	090
21406		A	Treat eye socket fracture	7.01	NA	7.20	0.59	NA	14.80	090
21407		A	Treat eye socket fracture	8.61	NA	7.99	0.67	NA	17.27	090
21408		A	Treat eye socket fracture	12.38	NA	10.29	1.24	NA	23.91	090
21421		A	Treat mouth roof fracture	5.14	7.23	6.84	0.42	12.79	12.40	090
21422		A	Treat mouth roof fracture	8.32	NA	7.93	0.69	NA	16.94	090
21423		A	Treat mouth roof fracture	10.40	NA	8.63	0.95	NA	19.98	090
21431		A	Treat craniofacial fracture	7.05	NA	8.44	0.58	NA	16.07	090
21432		A	Treat craniofacial fracture	8.61	NA	8.06	0.55	NA	17.22	090
21433		A	Treat craniofacial fracture	25.35	NA	17.29	2.46	NA	45.10	090
21435		A	Treat craniofacial fracture	17.25	NA	12.97	1.66	NA	31.88	090
21436		A	Treat craniofacial fracture	28.04	NA	16.02	2.32	NA	46.38	090
21440		A	Treat dental ridge fracture	2.70	5.44	3.73	0.22	8.36	6.65	090
21445		A	Treat dental ridge fracture	5.38	7.14	5.04	0.55	13.07	10.97	090
21450		A	Treat lower jaw fracture	2.97	6.45	2.90	0.23	9.65	6.10	090
21451		A	Treat lower jaw fracture	4.87	6.46	6.11	0.39	11.72	11.37	090
21452		A	Treat lower jaw fracture	1.98	13.44	4.35	0.14	15.56	6.47	090
21453		A	Treat lower jaw fracture	5.54	7.32	6.69	0.49	13.35	12.72	090
21454		A	Treat lower jaw fracture	6.46	NA	5.72	0.55	NA	12.73	090
21461		A	Treat lower jaw fracture	8.09	8.40	8.26	0.73	17.22	17.08	090
21462		A	Treat lower jaw fracture	9.79	10.06	8.18	0.80	20.65	18.77	090
21465		A	Treat lower jaw fracture	11.91	NA	8.42	0.84	NA	21.17	090
21470		A	Treat lower jaw fracture	15.34	NA	10.31	1.36	NA	27.01	090
21480		A	Reset dislocated jaw	0.61	1.62	0.18	0.05	2.28	0.84	000
21485		A	Reset dislocated jaw	3.99	3.82	3.34	0.31	8.12	7.64	090
21490		A	Repair dislocated jaw	11.86	NA	7.69	1.31	NA	20.86	090
21493		A	Treat hyoid bone fracture	1.27	NA	3.68	0.10	NA	5.05	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
21494	.....	A	Treat hyoid bone fracture	6.28	NA	4.21	0.44	NA	10.93	090
21495	.....	A	Treat hyoid bone fracture	5.69	NA	5.28	0.41	NA	11.38	090
21497	.....	A	Interdental wiring	3.86	4.68	3.81	0.31	8.85	7.98	090
21499	.....	C	Head surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
21501	.....	A	Drain neck/chest lesion	3.81	4.50	3.64	0.36	8.67	7.81	090
21502	.....	A	Drain chest lesion	7.12	NA	7.05	0.79	NA	14.96	090
21510	.....	A	Drainage of bone lesion	5.74	NA	7.47	0.67	NA	13.88	090
21550	.....	A	Biopsy of neck/chest	2.06	2.32	1.25	0.13	4.51	3.44	010
21555	.....	A	Remove lesion, neck/chest	4.35	4.25	2.43	0.41	9.01	7.19	090
21556	.....	A	Remove lesion, neck/chest	5.57	NA	3.29	0.51	NA	9.37	090
21557	.....	A	Remove tumor, neck/chest	8.88	NA	7.87	0.85	NA	17.60	090
21600	.....	A	Partial removal of rib	6.89	NA	7.80	0.81	NA	15.50	090
21610	.....	A	Partial removal of rib	14.61	NA	11.26	1.85	NA	27.72	090
21615	.....	A	Removal of rib	9.87	NA	7.90	1.20	NA	18.97	090
21616	.....	A	Removal of rib and nerves	12.04	NA	8.94	1.31	NA	22.29	090
21620	.....	A	Partial removal of sternum	6.79	NA	8.13	0.77	NA	15.69	090
21627	.....	A	Sternal debridement	6.81	NA	12.16	0.82	NA	19.79	090
21630	.....	A	Extensive sternum surgery	17.38	NA	14.03	1.95	NA	33.36	090
21632	.....	A	Extensive sternum surgery	18.14	NA	12.35	2.16	NA	32.65	090
21700	.....	A	Revision of neck muscle	6.19	8.63	7.19	0.31	15.13	13.69	090
21705	.....	A	Revision of neck muscle/rib	9.60	NA	7.87	0.92	NA	18.39	090
21720	.....	A	Revision of neck muscle	5.68	8.71	5.93	0.80	15.19	12.41	090
21725	.....	A	Revision of neck muscle	6.99	NA	7.28	0.90	NA	15.17	090
21740	.....	A	Reconstruction of sternum	16.50	NA	12.85	2.03	NA	31.38	090
21750	.....	A	Repair of sternum separation	10.77	NA	9.41	1.35	NA	21.53	090
21800	.....	A	Treatment of rib fracture	0.96	2.31	1.11	0.09	3.36	2.16	090
21805	.....	A	Treatment of rib fracture	2.75	NA	4.08	0.29	NA	7.12	090
21810	.....	A	Treatment of rib fracture(s)	6.86	NA	7.49	0.60	NA	14.95	090
21820	.....	A	Treat sternum fracture	1.28	2.80	1.58	0.15	4.23	3.01	090
21825	.....	A	Treat sternum fracture	7.41	NA	9.90	0.84	NA	18.15	090
21899	.....	C	Neck/chest surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
21920	.....	A	Biopsy soft tissue of back	2.06	2.40	0.77	0.12	4.58	2.95	010
21925	.....	A	Biopsy soft tissue of back	4.49	10.19	4.79	0.44	15.12	9.72	090
21930	.....	A	Remove lesion, back or flank	5.00	4.55	2.66	0.49	10.04	8.15	090
21935	.....	A	Remove tumor, back	17.96	NA	13.53	1.87	NA	33.36	090
22100	.....	A	Remove part of neck vertebra	9.73	NA	8.36	1.55	NA	19.64	090
22101	.....	A	Remove part, thorax vertebra	9.81	NA	9.04	1.51	NA	20.36	090
22102	.....	A	Remove part, lumbar vertebra	9.81	NA	9.18	1.46	NA	20.45	090
22103	.....	A	Remove extra spine segment	2.34	NA	1.27	0.37	NA	3.98	ZZZ
22110	.....	A	Remove part of neck vertebra	12.74	NA	11.06	2.20	NA	26.00	090
22112	.....	A	Remove part, thorax vertebra	12.81	NA	10.95	1.96	NA	25.72	090
22114	.....	A	Remove part, lumbar vertebra	12.81	NA	10.71	1.98	NA	25.50	090
22116	.....	A	Remove extra spine segment	2.32	NA	1.26	0.40	NA	3.98	ZZZ
22210	.....	A	Revision of neck spine	23.82	NA	17.42	4.23	NA	45.47	090
22212	.....	A	Revision of thorax spine	19.42	NA	14.60	2.78	NA	36.80	090
22214	.....	A	Revision of lumbar spine	19.45	NA	15.32	2.78	NA	37.55	090
22216	.....	A	Revise, extra spine segment	6.04	NA	3.31	0.98	NA	10.33	ZZZ
22220	.....	A	Revision of neck spine	21.37	NA	15.61	3.65	NA	40.63	090
22222	.....	A	Revision of thorax spine	21.52	NA	15.08	3.08	NA	39.68	090
22224	.....	A	Revision of lumbar spine	21.52	NA	15.70	3.20	NA	40.42	090
22226	.....	A	Revise, extra spine segment	6.04	NA	3.22	1.01	NA	10.27	ZZZ
22305	.....	A	Treat spine process fracture	2.05	3.25	2.01	0.29	5.59	4.35	090
22310	.....	A	Treat spine fracture	2.61	4.77	3.54	0.37	7.75	6.52	090
22315	.....	A	Treat spine fracture	8.84	NA	9.32	1.37	NA	19.53	090
22318	.....	A	Treat odontoid fx w/o graft	21.50	NA	15.02	4.26	NA	40.78	090
22319	.....	A	Treat odontoid fx w/graft	24.00	NA	17.42	4.76	NA	46.18	090
22325	.....	A	Treat spine fracture	18.30	NA	14.94	2.61	NA	35.85	090
22326	.....	A	Treat neck spine fracture	19.59	NA	15.67	3.54	NA	38.80	090
22327	.....	A	Treat thorax spine fracture	19.20	NA	15.43	2.75	NA	37.38	090
22328	.....	A	Treat each add spine fx	4.61	NA	2.43	0.66	NA	7.70	ZZZ
22505	.....	A	Manipulation of spine	1.87	4.58	3.20	0.27	6.72	5.34	010
22520	.....	A	Percut vertebroplasty thor	8.91	NA	4.15	0.99	NA	14.05	010
22521	.....	A	Percut vertebroplasty lumb	8.34	NA	3.92	0.93	NA	13.19	010
22522	.....	A	Percut vertebroplasty addl	4.31	NA	1.75	0.33	NA	6.39	ZZZ
22548	.....	A	Neck spine fusion	25.82	NA	18.08	4.98	NA	48.88	090
22554	.....	A	Neck spine fusion	18.62	NA	13.94	3.51	NA	36.07	090
22556	.....	A	Thorax spine fusion	23.46	NA	16.80	3.78	NA	44.04	090
22558	.....	A	Lumbar spine fusion	22.28	NA	15.27	3.18	NA	40.73	090
22585	.....	A	Additional spinal fusion	5.53	NA	2.94	0.98	NA	9.45	ZZZ
22590	.....	A	Spine & skull spinal fusion	20.51	NA	15.56	3.81	NA	39.88	090
22595	.....	A	Neck spinal fusion	19.39	NA	14.58	3.62	NA	37.59	090
22600	.....	A	Neck spine fusion	16.14	NA	12.66	2.89	NA	31.69	090
22610	.....	A	Thorax spine fusion	16.02	NA	12.98	2.66	NA	31.66	090

[3] +Indicates RVUs are not used for Medicare payment.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
22612	.....	A	Lumbar spine fusion	21.00	NA	15.75	3.28	NA	40.03	090
22614	.....	A	Spine fusion, extra segment	6.44	NA	3.54	1.04	NA	11.02	ZZZ
22630	.....	A	Lumbar spine fusion	20.84	NA	16.01	3.79	NA	40.64	090
22632	.....	A	Spine fusion, extra segment	5.23	NA	2.75	0.90	NA	8.88	ZZZ
22800	.....	A	Fusion of spine	18.25	NA	14.30	2.71	NA	35.26	090
22802	.....	A	Fusion of spine	30.88	NA	21.88	4.42	NA	57.18	090
22804	.....	A	Fusion of spine	36.27	NA	24.48	5.23	NA	65.98	090
22808	.....	A	Fusion of spine	26.27	NA	18.27	4.36	NA	48.90	090
22810	.....	A	Fusion of spine	30.27	NA	19.63	4.49	NA	54.39	090
22812	.....	A	Fusion of spine	32.70	NA	21.89	4.67	NA	59.26	090
22818	.....	A	Kyphectomy, 1–2 segments	31.83	NA	21.69	5.01	NA	58.53	090
22819	.....	A	Kyphectomy, 3 or more	36.44	NA	22.19	5.20	NA	63.83	090
22830	.....	A	Exploration of spinal fusion	10.85	NA	10.05	1.73	NA	22.63	090
22840	.....	A	Insert spine fixation device	12.54	NA	6.84	2.03	NA	21.41	ZZZ
22841	.....	B	Insert spine fixation device	0.00	0.00	0.00	0.00	0.00	0.00	XXX
22842	.....	A	Insert spine fixation device	12.58	NA	6.83	2.04	NA	21.45	ZZZ
22843	.....	A	Insert spine fixation device	13.46	NA	7.39	2.10	NA	22.95	ZZZ
22844	.....	A	Insert spine fixation device	16.44	NA	9.26	2.42	NA	28.12	ZZZ
22845	.....	A	Insert spine fixation device	11.96	NA	6.38	2.22	NA	20.56	ZZZ
22846	.....	A	Insert spine fixation device	12.42	NA	6.70	2.26	NA	21.38	ZZZ
22847	.....	A	Insert spine fixation device	13.80	NA	7.08	2.36	NA	23.24	ZZZ
22848	.....	A	Insert pelv fixation device	6.00	NA	3.38	0.88	NA	10.26	ZZZ
22849	.....	A	Reinsert spinal fixation	18.51	NA	14.22	2.87	NA	35.60	090
22850	.....	A	Remove spine fixation device	9.52	NA	8.89	1.51	NA	19.92	090
22851	.....	A	Apply spine prosth device	6.71	NA	3.54	1.11	NA	11.36	ZZZ
22852	.....	A	Remove spine fixation device	9.01	NA	8.60	1.40	NA	19.01	090
22855	.....	A	Remove spine fixation device	15.13	NA	11.67	2.74	NA	29.54	090
22899	.....	C	Spine surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
22900	.....	A	Remove abdominal wall lesion	5.80	NA	4.42	0.58	NA	10.80	090
22999	.....	C	Abdomen surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
23000	.....	A	Removal of calcium deposits	4.36	9.04	6.97	0.50	13.90	11.83	090
23020	.....	A	Release shoulder joint	8.93	NA	10.53	1.23	NA	20.69	090
23030	.....	A	Drain shoulder lesion	3.43	6.40	4.44	0.42	10.25	8.29	010
23031	.....	A	Drain shoulder bursa	2.74	5.80	4.16	0.33	8.87	7.23	010
23035	.....	A	Drain shoulder bone lesion	8.61	NA	16.13	1.19	NA	25.93	090
23040	.....	A	Exploratory shoulder surgery	9.20	NA	11.71	1.28	NA	22.19	090
23044	.....	A	Exploratory shoulder surgery	7.12	NA	10.73	0.97	NA	18.82	090
23065	.....	A	Biopsy shoulder tissues	2.27	2.61	1.34	0.14	5.02	3.75	010
23066	.....	A	Biopsy shoulder tissues	4.16	8.34	6.16	0.50	13.00	10.82	090
23075	.....	A	Removal of shoulder lesion	2.39	5.40	3.17	0.25	8.04	5.81	010
23076	.....	A	Removal of shoulder lesion	7.63	NA	8.36	0.87	NA	16.86	090
23077	.....	A	Remove tumor of shoulder	16.09	NA	14.41	1.81	NA	32.31	090
23100	.....	A	Biopsy of shoulder joint	6.03	NA	8.73	0.81	NA	15.57	090
23101	.....	A	Shoulder joint surgery	5.58	NA	8.63	0.77	NA	14.98	090
23105	.....	A	Remove shoulder joint lining	8.23	NA	10.18	1.13	NA	19.54	090
23106	.....	A	Incision of collarbone joint	5.96	NA	9.27	0.82	NA	16.05	090
23107	.....	A	Explore treat shoulder joint	8.62	NA	10.41	1.19	NA	20.22	090
23120	.....	A	Partial removal, collar bone	7.11	NA	9.55	0.99	NA	17.65	090
23125	.....	A	Removal of collar bone	9.39	NA	10.78	1.27	NA	21.44	090
23130	.....	A	Remove shoulder bone, part	7.55	NA	9.82	1.06	NA	18.43	090
23140	.....	A	Removal of bone lesion	6.89	NA	8.31	0.82	NA	16.02	090
23145	.....	A	Removal of bone lesion	9.09	NA	10.87	1.24	NA	21.20	090
23146	.....	A	Removal of bone lesion	7.83	NA	10.70	1.11	NA	19.64	090
23150	.....	A	Removal of humerus lesion	8.48	NA	10.14	1.14	NA	19.76	090
23155	.....	A	Removal of humerus lesion	10.35	NA	12.33	1.20	NA	23.88	090
23156	.....	A	Removal of humerus lesion	8.68	NA	10.45	1.18	NA	20.31	090
23170	.....	A	Remove collar bone lesion	6.86	NA	11.33	0.84	NA	19.03	090
23172	.....	A	Remove shoulder blade lesion	6.90	NA	9.59	0.95	NA	17.44	090
23174	.....	A	Remove humerus lesion	9.51	NA	11.74	1.30	NA	22.55	090
23180	.....	A	Remove collar bone lesion	8.53	NA	16.16	1.18	NA	25.87	090
23182	.....	A	Remove shoulder blade lesion	8.15	NA	16.18	1.08	NA	25.41	090
23184	.....	A	Remove humerus lesion	9.38	NA	16.43	1.24	NA	27.05	090
23190	.....	A	Partial removal of scapula	7.24	NA	8.74	0.97	NA	16.95	090
23195	.....	A	Removal of head of humerus	9.81	NA	10.03	1.38	NA	21.22	090
23200	.....	A	Removal of collar bone	12.08	NA	14.39	1.48	NA	27.95	090
23210	.....	A	Removal of shoulder blade	12.49	NA	13.96	1.61	NA	28.06	090
23220	.....	A	Partial removal of humerus	14.56	NA	15.57	2.03	NA	32.16	090
23221	.....	A	Partial removal of humerus	17.74	NA	16.93	2.51	NA	37.18	090
23222	.....	A	Partial removal of humerus	23.92	NA	20.66	3.37	NA	47.95	090
23330	.....	A	Remove shoulder foreign body	1.85	6.15	3.49	0.18	8.18	5.52	010
23331	.....	A	Remove shoulder foreign body	7.38	NA	9.70	1.02	NA	18.10	090
23332	.....	A	Remove shoulder foreign body	11.62	NA	12.12	1.62	NA	25.36	090
23350	.....	A	Injection for shoulder x-ray	1.00	7.22	0.35	0.05	8.27	1.40	000

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] +Indicates RVUs are not used for Medicare payment.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
23395	.....	A	Muscle transfer, shoulder/arm	16.85	NA	14.09	2.29	NA	33.23	090
23397	.....	A	Muscle transfers	16.13	NA	13.86	2.24	NA	32.23	090
23400	.....	A	Fixation of shoulder blade	13.54	NA	14.52	1.91	NA	29.97	090
23405	.....	A	Incision of tendon & muscle	8.37	NA	9.66	1.12	NA	19.15	090
23406	.....	A	Incise tendon(s) & muscle(s)	10.79	NA	11.55	1.48	NA	23.82	090
23410	.....	A	Repair of tendon(s)	12.45	NA	12.55	1.72	NA	26.72	090
23412	.....	A	Repair of tendon(s)	13.31	NA	13.05	1.86	NA	28.22	090
23415	.....	A	Release of shoulder ligament	9.97	NA	10.22	1.39	NA	21.58	090
23420	.....	A	Repair of shoulder	13.30	NA	13.94	1.86	NA	29.10	090
23430	.....	A	Repair biceps tendon	9.98	NA	11.15	1.40	NA	22.53	090
23440	.....	A	Remove/transplant tendon	10.48	NA	11.54	1.47	NA	23.49	090
23450	.....	A	Repair shoulder capsule	13.40	NA	13.02	1.86	NA	28.28	090
23455	.....	A	Repair shoulder capsule	14.37	NA	13.62	2.01	NA	30.00	090
23460	.....	A	Repair shoulder capsule	15.37	NA	14.21	2.17	NA	31.75	090
23462	.....	A	Repair shoulder capsule	15.30	NA	13.68	2.16	NA	31.14	090
23465	.....	A	Repair shoulder capsule	15.85	NA	14.47	1.61	NA	31.93	090
23466	.....	A	Repair shoulder capsule	14.22	NA	13.63	2.00	NA	29.85	090
23470	.....	A	Reconstruct shoulder joint	17.15	NA	15.16	2.40	NA	34.71	090
23472	.....	A	Reconstruct shoulder joint	21.10	NA	17.40	2.37	NA	40.87	090
23480	.....	A	Revision of collar bone	11.18	NA	11.94	1.56	NA	24.68	090
23485	.....	A	Revision of collar bone	13.43	NA	13.10	1.84	NA	28.37	090
23490	.....	A	Reinforce clavicle	11.86	NA	13.74	1.11	NA	26.71	090
23491	.....	A	Reinforce shoulder bones	14.21	NA	13.54	2.00	NA	29.75	090
23500	.....	A	Treat clavicle fracture	2.08	3.87	2.60	0.26	6.21	4.94	090
23505	.....	A	Treat clavicle fracture	3.69	5.98	4.02	0.50	10.17	8.21	090
23515	.....	A	Treat clavicle fracture	7.41	NA	8.24	1.03	NA	16.68	090
23520	.....	A	Treat clavicle dislocation	2.16	3.91	2.67	0.26	6.33	5.09	090
23525	.....	A	Treat clavicle dislocation	3.60	7.16	4.08	0.44	11.20	8.12	090
23530	.....	A	Treat clavicle dislocation	7.31	NA	7.94	0.85	NA	16.10	090
23532	.....	A	Treat clavicle dislocation	8.01	NA	8.67	1.13	NA	17.81	090
23540	.....	A	Treat clavicle dislocation	2.23	4.56	2.63	0.24	7.03	5.10	090
23545	.....	A	Treat clavicle dislocation	3.25	4.99	3.65	0.39	8.63	7.29	090
23550	.....	A	Treat clavicle dislocation	7.24	NA	8.29	0.94	NA	16.47	090
23552	.....	A	Treat clavicle dislocation	8.45	NA	8.82	1.18	NA	18.45	090
23570	.....	A	Treat shoulder blade fx	2.23	3.84	2.70	0.29	6.36	5.22	090
23575	.....	A	Treat shoulder blade fx	4.06	6.22	4.18	0.53	10.81	8.77	090
23585	.....	A	Treat scapula fracture	8.96	NA	9.31	1.25	NA	19.52	090
23600	.....	A	Treat humerus fracture	2.93	5.65	3.71	0.39	8.97	7.03	090
23605	.....	A	Treat humerus fracture	4.87	8.32	6.55	0.67	13.86	12.09	090
23615	.....	A	Treat humerus fracture	9.35	NA	10.19	1.31	NA	20.85	090
23616	.....	A	Treat humerus fracture	21.27	NA	16.26	2.98	NA	40.51	090
23620	.....	A	Treat humerus fracture	2.40	5.35	3.43	0.32	8.07	6.15	090
23625	.....	A	Treat humerus fracture	3.93	7.35	5.57	0.53	11.81	10.03	090
23630	.....	A	Treat humerus fracture	7.35	NA	8.20	1.03	NA	16.58	090
23650	.....	A	Treat shoulder dislocation	3.39	5.58	3.67	0.31	9.28	7.37	090
23655	.....	A	Treat shoulder dislocation	4.57	NA	4.39	0.52	NA	9.48	090
23660	.....	A	Treat shoulder dislocation	7.49	NA	8.27	1.01	NA	16.77	090
23665	.....	A	Treat dislocation/fracture	4.47	7.68	5.81	0.60	12.75	10.88	090
23670	.....	A	Treat dislocation/fracture	7.90	NA	8.72	1.10	NA	17.72	090
23675	.....	A	Treat dislocation/fracture	6.05	8.22	6.71	0.83	15.10	13.59	090
23680	.....	A	Treat dislocation/fracture	10.06	NA	9.89	1.39	NA	21.34	090
23700	.....	A	Fixation of shoulder	2.52	NA	3.48	0.35	NA	6.35	010
23800	.....	A	Fusion of shoulder joint	14.16	NA	14.28	1.97	NA	30.41	090
23802	.....	A	Fusion of shoulder joint	16.60	NA	15.83	2.34	NA	34.77	090
23900	.....	A	Amputation of arm & girdle	19.72	NA	16.35	2.47	NA	38.54	090
23920	.....	A	Amputation at shoulder joint	14.61	NA	13.70	1.92	NA	30.23	090
23921	.....	A	Amputation follow-up surgery	5.49	NA	6.67	0.78	NA	12.94	090
23929	.....	C	Shoulder surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
23930	.....	A	Drainage of arm lesion	2.94	6.10	4.01	0.32	9.36	7.27	010
23931	.....	A	Drainage of arm bursa	1.79	5.76	3.74	0.21	7.76	5.74	010
23935	.....	A	Drain arm/elbow bone lesion	6.09	NA	12.90	0.84	NA	19.83	090
24000	.....	A	Exploratory elbow surgery	5.82	NA	6.06	0.77	NA	12.65	090
24006	.....	A	Release elbow joint	9.31	NA	8.64	1.27	NA	19.22	090
24065	.....	A	Biopsy arm/elbow soft tissue	2.08	5.50	3.25	0.14	7.72	5.47	010
24066	.....	A	Biopsy arm/elbow soft tissue	5.21	8.48	6.40	0.61	14.30	12.22	090
24075	.....	A	Remove arm/elbow lesion	3.92	7.80	5.91	0.43	12.15	10.26	090
24076	.....	A	Remove arm/elbow lesion	6.30	NA	7.39	0.70	NA	14.39	090
24077	.....	A	Remove tumor of arm/elbow	11.76	NA	14.23	1.32	NA	27.31	090
24100	.....	A	Biopsy elbow joint lining	4.93	NA	5.83	0.62	NA	11.38	090
24101	.....	A	Explore/treat elbow joint	6.13	NA	6.82	0.84	NA	13.79	090
24102	.....	A	Remove elbow joint lining	8.03	NA	7.81	1.09	NA	16.93	090
24105	.....	A	Removal of elbow bursa	3.61	NA	5.26	0.49	NA	9.36	090
24110	.....	A	Remove humerus lesion	7.39	NA	9.75	0.99	NA	18.13	090

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[3] +Indicates RVUs are not used for Medicare payment.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
24115	.....	A	Remove/graft bone lesion	9.63	NA	10.80	1.15	NA	21.58	090
24116	.....	A	Remove/graft bone lesion	11.81	NA	12.20	1.66	NA	25.67	090
24120	.....	A	Remove elbow lesion	6.65	NA	6.96	0.87	NA	14.48	090
24125	.....	A	Remove/graft bone lesion	7.89	NA	6.67	0.88	NA	15.44	090
24126	.....	A	Remove/graft bone lesion	8.31	NA	7.79	0.90	NA	17.00	090
24130	.....	A	Removal of head of radius	6.25	NA	6.91	0.87	NA	14.03	090
24134	.....	A	Removal of arm bone lesion	9.73	NA	16.50	1.31	NA	27.54	090
24136	.....	A	Remove radius bone lesion	7.99	NA	7.09	0.85	NA	15.93	090
24138	.....	A	Remove elbow bone lesion	8.05	NA	8.06	1.12	NA	17.23	090
24140	.....	A	Partial removal of arm bone	9.18	NA	16.67	1.23	NA	27.08	090
24145	.....	A	Partial removal of radius	7.58	NA	11.43	1.01	NA	20.02	090
24147	.....	A	Partial removal of elbow	7.54	NA	11.40	1.04	NA	19.98	090
24149	.....	A	Radical resection of elbow	14.20	NA	11.28	1.90	NA	27.38	090
24150	.....	A	Extensive humerus surgery	13.27	NA	14.92	1.81	NA	30.00	090
24151	.....	A	Extensive humerus surgery	15.58	NA	16.64	2.19	NA	34.41	090
24152	.....	A	Extensive radius surgery	10.06	NA	9.96	1.19	NA	21.21	090
24153	.....	A	Extensive radius surgery	11.54	NA	7.55	0.64	NA	19.73	090
24155	.....	A	Removal of elbow joint	11.73	NA	9.66	1.42	NA	22.81	090
24160	.....	A	Remove elbow joint implant	7.83	NA	7.77	1.07	NA	16.67	090
24164	.....	A	Remove radius head implant	6.23	NA	6.93	0.84	NA	14.00	090
24200	.....	A	Removal of arm foreign body	1.76	5.80	3.25	0.15	7.71	5.16	010
24201	.....	A	Removal of arm foreign body	4.56	8.42	6.97	0.56	13.54	12.09	090
24220	.....	A	Injection for elbow x-ray	1.31	11.16	0.47	0.07	12.54	1.85	000
24300	.....	A	Manipulate elbow w/anesth	3.75	NA	5.46	0.52	NA	9.73	090
24301	.....	A	Muscle/tendon transfer	10.20	NA	9.11	1.30	NA	20.61	090
24305	.....	A	Arm tendon lengthening	7.45	NA	7.70	0.98	NA	16.13	090
24310	.....	A	Revision of arm tendon	5.98	NA	8.43	0.74	NA	15.15	090
24320	.....	A	Repair of arm tendon	10.56	NA	11.29	1.00	NA	22.85	090
24330	.....	A	Revision of arm muscles	9.60	NA	8.79	1.21	NA	19.60	090
24331	.....	A	Revision of arm muscles	10.65	NA	9.25	1.41	NA	21.31	090
24332	.....	A	Tenolysis, triceps	7.45	NA	5.23	0.77	NA	13.45	090
24340	.....	A	Repair of biceps tendon	7.89	NA	7.74	1.08	NA	16.71	090
24341	.....	A	Repair arm tendon/muscle	7.90	NA	7.85	1.08	NA	16.83	090
24342	.....	A	Repair of ruptured tendon	10.62	NA	9.37	1.48	NA	21.47	090
24343	.....	A	Repr elbow lat ligmnt w/tiss	8.65	NA	7.91	1.21	NA	17.77	090
24344	.....	A	Reconstruct elbow lat ligmnt	14.00	NA	10.87	1.95	NA	26.82	090
24345	.....	A	Repr elbw med ligmnt w/tiss	8.65	NA	7.91	1.21	NA	17.77	090
24346	.....	A	Reconstruct elbow med ligmnt	14.00	NA	10.87	1.95	NA	26.82	090
24350	.....	A	Repair of tennis elbow	5.25	NA	6.25	0.72	NA	12.22	090
24351	.....	A	Repair of tennis elbow	5.91	NA	6.72	0.82	NA	13.45	090
24352	.....	A	Repair of tennis elbow	6.43	NA	7.01	0.90	NA	14.34	090
24354	.....	A	Repair of tennis elbow	6.48	NA	6.85	0.88	NA	14.21	090
24356	.....	A	Revision of tennis elbow	6.68	NA	7.21	0.90	NA	14.79	090
24360	.....	A	Reconstruct elbow joint	12.34	NA	10.26	1.69	NA	24.29	090
24361	.....	A	Reconstruct elbow joint	14.08	NA	11.30	1.95	NA	27.33	090
24362	.....	A	Reconstruct elbow joint	14.99	NA	11.30	1.92	NA	28.21	090
24363	.....	A	Replace elbow joint	18.49	NA	13.80	2.52	NA	34.81	090
24365	.....	A	Reconstruct head of radius	8.39	NA	7.96	1.11	NA	17.46	090
24366	.....	A	Reconstruct head of radius	9.13	NA	8.48	1.28	NA	18.89	090
24400	.....	A	Revision of humerus	11.06	NA	12.48	1.53	NA	25.07	090
24410	.....	A	Revision of humerus	14.82	NA	13.75	1.89	NA	30.46	090
24420	.....	A	Revision of humerus	13.44	NA	16.08	1.82	NA	31.34	090
24430	.....	A	Repair of humerus	12.81	NA	12.88	1.80	NA	27.49	090
24435	.....	A	Repair humerus with graft	13.17	NA	13.98	1.84	NA	28.99	090
24470	.....	A	Revision of elbow joint	8.74	NA	6.59	1.23	NA	16.56	090
24495	.....	A	Decompression of forearm	8.12	NA	10.33	0.92	NA	19.37	090
24498	.....	A	Reinforce humerus	11.92	NA	12.31	1.67	NA	25.90	090
24500	.....	A	Treat humerus fracture	3.21	5.09	3.38	0.41	8.71	7.00	090
24505	.....	A	Treat humerus fracture	5.17	8.88	6.81	0.72	14.77	12.70	090
24515	.....	A	Treat humerus fracture	11.65	NA	11.40	1.63	NA	24.68	090
24516	.....	A	Treat humerus fracture	11.65	NA	11.85	1.63	NA	25.13	090
24530	.....	A	Treat humerus fracture	3.50	6.19	4.86	0.47	10.16	8.83	090
24535	.....	A	Treat humerus fracture	6.87	8.81	6.72	0.96	16.64	14.55	090
24538	.....	A	Treat humerus fracture	9.43	NA	10.61	1.25	NA	21.29	090
24545	.....	A	Treat humerus fracture	10.46	NA	10.18	1.47	NA	22.11	090
24546	.....	A	Treat humerus fracture	15.69	NA	13.69	2.18	NA	31.56	090
24560	.....	A	Treat humerus fracture	2.80	4.87	3.23	0.35	8.02	6.38	090
24565	.....	A	Treat humerus fracture	5.56	8.09	5.82	0.74	14.39	12.12	090
24566	.....	A	Treat humerus fracture	7.79	NA	9.96	1.10	NA	18.85	090
24575	.....	A	Treat humerus fracture	10.66	NA	8.49	1.44	NA	20.59	090
24576	.....	A	Treat humerus fracture	2.86	4.62	3.26	0.38	7.86	6.50	090
24577	.....	A	Treat humerus fracture	5.79	8.22	6.13	0.81	14.82	12.73	090
24579	.....	A	Treat humerus fracture	11.60	NA	11.32	1.62	NA	24.54	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
24582	.....	A	Treat humerus fracture	8.55	NA	10.46	1.20	NA	20.21	090
24586	.....	A	Treat elbow fracture	15.21	NA	11.23	2.12	NA	28.56	090
24587	.....	A	Treat elbow fracture	15.16	NA	11.13	2.14	NA	28.43	090
24600	.....	A	Treat elbow dislocation	4.23	6.82	5.12	0.49	11.54	9.84	090
24605	.....	A	Treat elbow dislocation	5.42	NA	5.02	0.72	NA	11.16	090
24615	.....	A	Treat elbow dislocation	9.42	NA	7.94	1.31	NA	18.67	090
24620	.....	A	Treat elbow fracture	6.98	NA	6.63	0.90	NA	14.51	090
24635	.....	A	Treat elbow fracture	13.19	NA	16.55	1.84	NA	31.58	090
24640	.....	A	Treat elbow dislocation	1.20	3.35	1.88	0.11	4.66	3.19	010
24650	.....	A	Treat radius fracture	2.16	4.55	2.92	0.28	6.99	5.36	090
24655	.....	A	Treat radius fracture	4.40	7.33	5.22	0.58	12.31	10.20	090
24665	.....	A	Treat radius fracture	8.14	NA	9.40	1.13	NA	18.67	090
24666	.....	A	Treat radius fracture	9.49	NA	10.18	1.32	NA	20.99	090
24670	.....	A	Treat ulnar fracture	2.54	4.49	3.10	0.33	7.36	5.97	090
24675	.....	A	Treat ulnar fracture	4.72	7.55	5.49	0.65	12.92	10.86	090
24685	.....	A	Treat ulnar fracture	8.80	NA	9.79	1.23	NA	19.82	090
24800	.....	A	Fusion of elbow joint	11.20	NA	9.90	1.41	NA	22.51	090
24802	.....	A	Fusion/graft of elbow joint	13.69	NA	11.50	1.89	NA	27.08	090
24900	.....	A	Amputation of upper arm	9.60	NA	11.37	1.18	NA	22.15	090
24920	.....	A	Amputation of upper arm	9.54	NA	13.96	1.22	NA	24.72	090
24925	.....	A	Amputation follow-up surgery	7.07	NA	9.64	0.95	NA	17.66	090
24930	.....	A	Amputation follow-up surgery	10.25	NA	10.86	1.23	NA	22.34	090
24931	.....	A	Amputate upper arm & implant	12.72	NA	11.63	1.56	NA	25.91	090
24935	.....	A	Revision of amputation	15.56	NA	13.22	1.58	NA	30.36	090
24940	.....	C	Revision of upper arm	0.00	0.00	0.00	0.00	0.00	0.00	090
24999	.....	C	Upper arm/elbow surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
25000	.....	A	Incision of tendon sheath	3.38	NA	7.49	0.45	NA	11.32	090
25001	.....	A	Incise flexor carpi radialis	3.38	NA	4.30	0.45	NA	8.13	090
25020	.....	A	Decompress forearm 1 space	5.92	NA	11.49	0.75	NA	18.16	090
25023	.....	A	Decompress forearm 1 space	12.96	NA	17.50	1.50	NA	31.96	090
25024	.....	A	Decompress forearm 2 spaces	9.50	NA	8.17	1.20	NA	18.87	090
25025	.....	A	Decompress forearm 2 spaces	16.54	NA	12.05	1.91	NA	30.50	090
25028	.....	A	Drainage of forearm lesion	5.25	NA	10.20	0.61	NA	16.06	090
25031	.....	A	Drainage of forearm bursa	4.14	NA	10.24	0.50	NA	14.88	090
25035	.....	A	Treat forearm bone lesion	7.36	NA	16.18	0.98	NA	24.52	090
25040	.....	A	Explore/treat wrist joint	7.18	NA	9.40	0.96	NA	17.54	090
25065	.....	A	Biopsy forearm soft tissues	1.99	2.53	2.53	0.12	4.64	4.64	010
25066	.....	A	Biopsy forearm soft tissues	4.13	NA	8.40	0.49	NA	13.02	090
25075	.....	A	Remove forearm lesion subcut	3.74	NA	7.13	0.40	NA	11.27	090
25076	.....	A	Remove forearm lesion deep	4.92	NA	12.68	0.59	NA	18.19	090
25077	.....	A	Remove tumor, forearm/wrist	9.76	NA	15.66	1.10	NA	26.52	090
25085	.....	A	Incision of wrist capsule	5.50	NA	11.29	0.71	NA	17.50	090
25100	.....	A	Biopsy of wrist joint	3.90	NA	7.99	0.50	NA	12.39	090
25101	.....	A	Explore/treat wrist joint	4.69	NA	7.75	0.60	NA	13.04	090
25105	.....	A	Remove wrist joint lining	5.85	NA	11.22	0.77	NA	17.84	090
25107	.....	A	Remove wrist joint cartilage	6.43	NA	11.41	0.82	NA	18.66	090
25110	.....	A	Remove wrist tendon lesion	3.92	NA	8.94	0.48	NA	13.34	090
25111	.....	A	Remove wrist tendon lesion	3.39	NA	6.70	0.42	NA	10.51	090
25112	.....	A	Reremove wrist tendon lesion	4.53	NA	7.43	0.54	NA	12.50	090
25115	.....	A	Remove wrist/forearm lesion	8.82	NA	17.19	1.11	NA	27.12	090
25116	.....	A	Remove wrist/forearm lesion	7.11	NA	16.20	0.90	NA	24.21	090
25118	.....	A	Excise wrist tendon sheath	4.37	NA	7.93	0.55	NA	12.85	090
25119	.....	A	Partial removal of ulna	6.04	NA	11.45	0.80	NA	18.29	090
25120	.....	A	Removal of forearm lesion	6.10	NA	14.87	0.81	NA	21.78	090
25125	.....	A	Remove/graft forearm lesion	7.48	NA	16.11	1.02	NA	24.61	090
25126	.....	A	Remove/graft forearm lesion	7.55	NA	15.76	1.00	NA	24.31	090
25130	.....	A	Removal of wrist lesion	5.26	NA	8.33	0.66	NA	14.25	090
25135	.....	A	Remove & graft wrist lesion	6.89	NA	9.00	0.89	NA	16.78	090
25136	.....	A	Remove & graft wrist lesion	5.97	NA	9.26	0.58	NA	15.81	090
25145	.....	A	Remove forearm bone lesion	6.37	NA	15.43	0.82	NA	22.62	090
25150	.....	A	Partial removal of ulna	7.09	NA	12.00	0.96	NA	20.05	090
25151	.....	A	Partial removal of radius	7.39	NA	16.22	0.93	NA	24.54	090
25170	.....	A	Extensive forearm surgery	11.09	NA	17.56	1.52	NA	30.17	090
25210	.....	A	Removal of wrist bone	5.95	NA	8.71	0.73	NA	15.39	090
25215	.....	A	Removal of wrist bones	7.89	NA	12.27	1.02	NA	21.18	090
25230	.....	A	Partial removal of radius	5.23	NA	8.23	0.66	NA	14.12	090
25240	.....	A	Partial removal of ulna	5.17	NA	10.78	0.69	NA	16.64	090
25246	.....	A	Injection for wrist x-ray	1.45	10.20	0.52	0.07	11.72	2.04	000
25248	.....	A	Remove forearm foreign body	5.14	NA	10.66	0.54	NA	16.34	090
25250	.....	A	Removal of wrist prosthesis	6.60	NA	8.91	0.84	NA	16.35	090
25251	.....	A	Removal of wrist prosthesis	9.57	NA	12.52	1.15	NA	23.24	090
25259	.....	A	Manipulate wrist w/anesthes	3.75	NA	5.35	0.52	NA	9.62	090
25260	.....	A	Repair forearm tendon/muscle	7.80	NA	17.11	0.97	NA	25.88	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
25263		A	Repair forearm tendon/muscle	7.82	NA	15.65	0.94	NA	24.41	090
25265		A	Repair forearm tendon/muscle	9.88	NA	17.11	1.19	NA	28.18	090
25270		A	Repair forearm tendon/muscle	6.00	NA	16.04	0.76	NA	22.80	090
25272		A	Repair forearm tendon/muscle	7.04	NA	16.50	0.89	NA	24.43	090
25274		A	Repair forearm tendon/muscle	8.75	NA	17.36	1.11	NA	27.22	090
25275		A	Repair forearm tendon sheath	8.50	NA	7.53	1.11	NA	17.14	090
25280		A	Revise wrist/forearm tendon	7.22	NA	15.80	0.91	NA	23.93	090
25290		A	Incise wrist/forearm tendon	5.29	NA	18.17	0.66	NA	24.12	090
25295		A	Release wrist/forearm tendon	6.55	NA	15.16	0.84	NA	22.55	090
25300		A	Fusion of tendons at wrist	8.80	NA	10.02	1.07	NA	19.89	090
25301		A	Fusion of tendons at wrist	8.40	NA	10.15	1.08	NA	19.63	090
25310		A	Transplant forearm tendon	8.14	NA	16.47	1.01	NA	25.62	090
25312		A	Transplant forearm tendon	9.57	NA	17.24	1.22	NA	28.03	090
25315		A	Revise palsy hand tendon(s)	10.20	NA	18.59	1.26	NA	30.05	090
25316		A	Revise palsy hand tendon(s)	12.33	NA	18.40	1.74	NA	32.47	090
25320		A	Repair/revise wrist joint	10.77	NA	11.53	1.32	NA	23.62	090
25332		A	Revise wrist joint	11.41	NA	11.89	1.46	NA	24.76	090
25335		A	Realignment of hand	12.88	NA	13.60	1.66	NA	28.14	090
25337		A	Reconstruct ulna/radioulnar	10.17	NA	13.80	1.31	NA	25.28	090
25350		A	Revision of radius	8.78	NA	16.68	1.17	NA	26.63	090
25355		A	Revision of radius	10.17	NA	17.17	1.44	NA	28.78	090
25360		A	Revision of ulna	8.43	NA	16.86	1.17	NA	26.46	090
25365		A	Revise radius & ulna	12.40	NA	18.74	1.67	NA	32.81	090
25370		A	Revise radius or ulna	13.36	NA	17.84	1.88	NA	33.08	090
25375		A	Revise radius & ulna	13.04	NA	16.44	1.84	NA	31.32	090
25390		A	Shorten radius or ulna	10.40	NA	17.38	1.38	NA	29.16	090
25391		A	Lengthen radius or ulna	13.65	NA	19.01	1.73	NA	34.39	090
25392		A	Shorten radius & ulna	13.95	NA	15.59	1.73	NA	31.27	090
25393		A	Lengthen radius & ulna	15.87	NA	21.72	1.87	NA	39.46	090
25394		A	Repair carpal bone, shorten	10.40	NA	8.43	1.15	NA	19.98	090
25400		A	Repair radius or ulna	10.92	NA	17.98	1.50	NA	30.40	090
25405		A	Repair/graft radius or ulna	14.38	NA	20.38	1.95	NA	36.71	090
25415		A	Repair radius & ulna	13.35	NA	19.14	1.87	NA	34.36	090
25420		A	Repair/graft radius & ulna	16.33	NA	21.72	2.20	NA	40.25	090
25425		A	Repair/graft radius or ulna	13.21	NA	24.75	1.61	NA	39.57	090
25426		A	Repair/graft radius & ulna	15.82	NA	18.15	2.23	NA	36.20	090
25430		A	Vasc graft into carpal bone	9.25	NA	7.82	0.56	NA	17.63	090
25431		A	Repair nonunion carpal bone	10.44	NA	6.42	0.56	NA	17.42	090
25440		A	Repair/graft wrist bone	10.44	NA	11.05	1.41	NA	22.90	090
25441		A	Reconstruct wrist joint	12.90	NA	12.24	1.83	NA	26.97	090
25442		A	Reconstruct wrist joint	10.85	NA	11.46	1.24	NA	23.55	090
25443		A	Reconstruct wrist joint	10.39	NA	13.29	1.30	NA	24.98	090
25444		A	Reconstruct wrist joint	11.15	NA	14.29	1.43	NA	26.87	090
25445		A	Reconstruct wrist joint	9.69	NA	13.50	1.26	NA	24.45	090
25446		A	Wrist replacement	16.55	NA	14.45	2.20	NA	33.20	090
25447		A	Repair wrist joint(s)	10.37	NA	11.27	1.34	NA	22.98	090
25449		A	Remove wrist joint implant	14.49	NA	16.20	1.77	NA	32.46	090
25450		A	Revision of wrist joint	7.87	NA	13.91	0.88	NA	22.66	090
25455		A	Revision of wrist joint	9.49	NA	15.22	1.07	NA	25.78	090
25490		A	Reinforce radius	9.54	NA	16.70	1.19	NA	27.43	090
25491		A	Reinforce ulna	9.96	NA	16.98	1.41	NA	28.35	090
25492		A	Reinforce radius and ulna	12.33	NA	16.09	1.62	NA	30.04	090
25500		A	Treat fracture of radius	2.45	4.27	2.94	0.28	7.00	5.67	090
25505		A	Treat fracture of radius	5.21	7.87	5.65	0.69	13.77	11.55	090
25515		A	Treat fracture of radius	9.18	NA	10.00	1.22	NA	20.40	090
25520		A	Treat fracture of radius	6.26	8.00	6.28	0.85	15.11	13.39	090
25525		A	Treat fracture of radius	12.24	NA	11.65	1.68	NA	25.57	090
25526		A	Treat fracture of radius	12.98	NA	15.01	1.80	NA	29.79	090
25530		A	Treat fracture of ulna	2.09	4.21	2.87	0.27	6.57	5.23	090
25535		A	Treat fracture of ulna	5.14	7.74	5.72	0.68	13.56	11.54	090
25545		A	Treat fracture of ulna	8.90	NA	9.88	1.23	NA	20.01	090
25560		A	Treat fracture radius & ulna	2.44	4.28	2.93	0.27	6.99	5.64	090
25565		A	Treat fracture radius & ulna	5.63	8.02	5.94	0.76	14.41	12.33	090
25574		A	Treat fracture radius & ulna	7.01	NA	8.72	0.96	NA	16.69	090
25575		A	Treat fracture radius/ulna	10.45	NA	10.74	1.46	NA	22.65	090
25600		A	Treat fracture radius/ulna	2.63	4.53	3.10	0.34	7.50	6.07	090
25605		A	Treat fracture radius/ulna	5.81	8.18	6.11	0.81	14.80	12.73	090
25611		A	Treat fracture radius/ulna	7.77	NA	10.04	1.08	NA	18.89	090
25620		A	Treat fracture radius/ulna	8.55	NA	9.67	1.17	NA	19.39	090
25622		A	Treat wrist bone fracture	2.61	4.48	3.10	0.33	7.42	6.04	090
25624		A	Treat wrist bone fracture	4.53	7.40	5.34	0.61	12.54	10.48	090
25628		A	Treat wrist bone fracture	8.43	NA	9.68	1.14	NA	19.25	090
25630		A	Treat wrist bone fracture	2.88	4.66	3.20	0.37	7.91	6.45	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
25635	.....	A	Treat wrist bone fracture	4.39	7.45	5.11	0.39	12.23	9.89	090
25645	.....	A	Treat wrist bone fracture	7.25	NA	9.56	0.93	NA	17.74	090
25650	.....	A	Treat wrist bone fracture	3.05	4.75	3.24	0.37	8.17	6.66	090
25651	.....	A	Pin ulnar styloid fracture	5.36	NA	4.39	0.73	NA	10.48	090
25652	.....	A	Treat fracture ulnar styloid	7.60	NA	6.90	0.97	NA	15.47	090
25660	.....	A	Treat wrist dislocation	4.76	NA	5.45	0.59	NA	10.80	090
25670	.....	A	Treat wrist dislocation	7.92	NA	9.54	1.07	NA	18.53	090
25671	.....	A	Pin radioulnar dislocation	6.00	NA	6.02	0.75	NA	12.77	090
25675	.....	A	Treat wrist dislocation	4.67	7.57	5.39	0.57	12.81	10.63	090
25676	.....	A	Treat wrist dislocation	8.04	NA	9.52	1.10	NA	18.66	090
25680	.....	A	Treat wrist fracture	5.99	NA	6.45	0.61	NA	13.05	090
25685	.....	A	Treat wrist fracture	9.78	NA	10.20	1.25	NA	21.23	090
25690	.....	A	Treat wrist dislocation	5.50	NA	7.00	0.78	NA	13.28	090
25695	.....	A	Treat wrist dislocation	8.34	NA	9.68	1.07	NA	19.09	090
25800	.....	A	Fusion of wrist joint	9.76	NA	10.87	1.30	NA	21.93	090
25805	.....	A	Fusion/graft of wrist joint	11.28	NA	11.61	1.51	NA	24.40	090
25810	.....	A	Fusion/graft of wrist joint	10.57	NA	11.33	1.37	NA	23.27	090
25820	.....	A	Fusion of hand bones	7.45	NA	9.54	0.96	NA	17.95	090
25825	.....	A	Fuse hand bones with graft	9.27	NA	10.51	1.20	NA	20.98	090
25830	.....	A	Fusion, radioulnar jnt/ulna	10.06	NA	16.99	1.27	NA	28.32	090
25900	.....	A	Amputation of forearm	9.01	NA	15.04	1.08	NA	25.13	090
25905	.....	A	Amputation of forearm	9.12	NA	14.25	1.06	NA	24.43	090
25907	.....	A	Amputation follow-up surgery	7.80	NA	15.26	1.01	NA	24.07	090
25909	.....	A	Amputation follow-up surgery	8.96	NA	14.51	1.07	NA	24.54	090
25915	.....	A	Amputation of forearm	17.08	NA	15.11	2.41	NA	34.60	090
25920	.....	A	Amputate hand at wrist	8.68	NA	10.12	1.06	NA	19.86	090
25922	.....	A	Amputate hand at wrist	7.42	NA	7.58	0.93	NA	15.93	090
25924	.....	A	Amputation follow-up surgery	8.46	NA	10.19	1.07	NA	19.72	090
25927	.....	A	Amputation of hand	8.80	NA	14.11	1.02	NA	23.93	090
25929	.....	A	Amputation follow-up surgery	7.59	NA	7.42	0.89	NA	15.90	090
25931	.....	A	Amputation follow-up surgery	7.81	NA	15.79	0.88	NA	24.48	090
25999	.....	C	Forearm or wrist surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
26010	.....	A	Drainage of finger abscess	1.54	5.24	3.94	0.14	6.92	5.62	010
26011	.....	A	Drainage of finger abscess	2.19	7.48	6.50	0.25	9.92	8.94	010
26020	.....	A	Drain hand tendon sheath	4.67	NA	13.10	0.59	NA	18.36	090
26025	.....	A	Drainage of palm bursa	4.82	NA	13.26	0.60	NA	18.68	090
26030	.....	A	Drainage of palm bursa(s)	5.93	NA	14.02	0.72	NA	20.67	090
26034	.....	A	Treat hand bone lesion	6.23	NA	14.84	0.79	NA	21.86	090
26035	.....	A	Decompress fingers/hand	9.51	NA	15.17	1.12	NA	25.80	090
26037	.....	A	Decompress fingers/hand	7.25	NA	12.67	0.87	NA	20.79	090
26040	.....	A	Release palm contracture	3.33	NA	12.87	0.45	NA	16.65	090
26045	.....	A	Release palm contracture	5.56	NA	14.17	0.74	NA	20.47	090
26055	.....	A	Incise finger tendon sheath	2.69	8.12	7.69	0.36	11.17	10.74	090
26060	.....	A	Incision of finger tendon	2.81	NA	7.57	0.35	NA	10.73	090
26070	.....	A	Explore/treat hand joint	3.69	NA	11.69	0.35	NA	15.73	090
26075	.....	A	Explore/treat finger joint	3.79	NA	12.47	0.40	NA	16.66	090
26080	.....	A	Explore/treat finger joint	4.24	NA	13.09	0.52	NA	17.85	090
26100	.....	A	Biopsy hand joint lining	3.67	NA	8.43	0.45	NA	12.55	090
26105	.....	A	Biopsy finger joint lining	3.71	NA	12.95	0.45	NA	17.11	090
26110	.....	A	Biopsy finger joint lining	3.53	NA	12.46	0.44	NA	16.43	090
26115	.....	A	Remove hand lesion subcut	3.86	7.66	7.66	0.48	12.00	12.00	090
26116	.....	A	Remove hand lesion, deep	5.53	NA	13.91	0.69	NA	20.13	090
26117	.....	A	Remove tumor, hand/finger	8.55	NA	15.41	1.01	NA	24.97	090
26121	.....	A	Release palm contracture	7.54	NA	15.80	0.94	NA	24.28	090
26123	.....	A	Release palm contracture	9.29	NA	16.73	1.17	NA	27.19	090
26125	.....	A	Release palm contracture	4.61	NA	2.60	0.57	NA	7.78	ZZZ
26130	.....	A	Remove wrist joint lining	5.42	NA	15.62	0.65	NA	21.69	090
26135	.....	A	Revise finger joint, each	6.96	NA	17.04	0.87	NA	24.87	090
26140	.....	A	Revise finger joint, each	6.17	NA	16.33	0.76	NA	23.26	090
26145	.....	A	Tendon excision, palm/finger	6.32	NA	16.86	0.77	NA	23.95	090
26160	.....	A	Remove tendon sheath lesion	3.15	7.93	7.88	0.39	11.47	11.42	090
26170	.....	A	Removal of palm tendon, each	4.77	NA	8.53	0.60	NA	13.90	090
26180	.....	A	Removal of finger tendon	5.18	NA	9.19	0.64	NA	15.01	090
26185	.....	A	Remove finger bone	5.25	NA	8.76	0.67	NA	14.68	090
26200	.....	A	Remove hand bone lesion	5.51	NA	13.97	0.71	NA	20.19	090
26205	.....	A	Remove/graft bone lesion	7.70	NA	15.35	0.95	NA	24.00	090
26210	.....	A	Removal of finger lesion	5.15	NA	14.32	0.64	NA	20.11	090
26215	.....	A	Remove/graft finger lesion	7.10	NA	14.89	0.77	NA	22.76	090
26230	.....	A	Partial removal of hand bone	6.33	NA	12.87	0.84	NA	20.04	090
26235	.....	A	Partial removal, finger bone	6.19	NA	12.56	0.78	NA	19.53	090
26236	.....	A	Partial removal, finger bone	5.32	NA	12.62	0.66	NA	18.60	090
26250	.....	A	Extensive hand surgery	7.55	NA	17.33	0.92	NA	25.80	090
26255	.....	A	Extensive hand surgery	12.43	NA	18.74	1.05	NA	32.22	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
26260	.....	A	Extensive finger surgery	7.03	NA	16.39	0.83	NA	24.25	090
26261	.....	A	Extensive finger surgery	9.09	NA	16.10	0.84	NA	26.03	090
26262	.....	A	Partial removal of finger	5.67	NA	14.81	0.70	NA	21.18	090
26320	.....	A	Removal of implant from hand	3.98	NA	13.08	0.49	NA	17.55	090
26340	.....	A	Manipulate finger w/anesth	2.50	NA	4.53	0.32	NA	7.35	090
26350	.....	A	Repair finger/hand tendon	5.99	NA	20.24	0.73	NA	26.96	090
26352	.....	A	Repair/graft hand tendon	7.68	NA	19.74	0.93	NA	28.35	090
26356	.....	A	Repair finger/hand tendon	8.07	NA	21.55	0.99	NA	30.61	090
26357	.....	A	Repair finger/hand tendon	8.58	NA	21.30	1.02	NA	30.90	090
26358	.....	A	Repair/graft hand tendon	9.14	NA	22.43	1.07	NA	32.64	090
26370	.....	A	Repair finger/hand tendon	7.11	NA	20.61	0.90	NA	28.62	090
26372	.....	A	Repair/graft hand tendon	8.76	NA	20.46	1.06	NA	30.28	090
26373	.....	A	Repair finger/hand tendon	8.16	NA	22.61	0.98	NA	31.75	090
26390	.....	A	Revise hand/finger tendon	9.19	NA	16.93	1.09	NA	27.21	090
26392	.....	A	Repair/graft hand tendon	10.26	NA	23.05	1.26	NA	34.57	090
26410	.....	A	Repair hand tendon	4.63	NA	16.26	0.57	NA	21.46	090
26412	.....	A	Repair/graft hand tendon	6.31	NA	16.83	0.80	NA	23.94	090
26415	.....	A	Excision, hand/finger tendon	8.34	NA	18.14	0.77	NA	27.25	090
26416	.....	A	Graft hand or finger tendon	9.37	NA	18.95	1.20	NA	29.52	090
26418	.....	A	Repair finger tendon	4.25	NA	16.34	0.50	NA	21.09	090
26420	.....	A	Repair/graft finger tendon	6.77	NA	17.92	0.83	NA	25.52	090
26426	.....	A	Repair finger/hand tendon	6.15	NA	17.05	0.77	NA	23.97	090
26428	.....	A	Repair/graft finger tendon	7.21	NA	16.05	0.84	NA	24.10	090
26432	.....	A	Repair finger tendon	4.02	NA	13.49	0.48	NA	17.99	090
26433	.....	A	Repair finger tendon	4.56	NA	14.42	0.56	NA	19.54	090
26434	.....	A	Repair/graft finger tendon	6.09	NA	15.34	0.71	NA	22.14	090
26437	.....	A	Realignment of tendons	5.82	NA	14.16	0.74	NA	20.72	090
26440	.....	A	Release palm/finger tendon	5.02	NA	18.48	0.62	NA	24.12	090
26442	.....	A	Release palm & finger tendon	8.16	NA	19.40	0.94	NA	28.50	090
26445	.....	A	Release hand/finger tendon	4.31	NA	18.27	0.54	NA	23.12	090
26449	.....	A	Release forearm/hand tendon	7.00	NA	20.16	0.84	NA	28.00	090
26450	.....	A	Incision of palm tendon	3.67	NA	8.71	0.46	NA	12.84	090
26455	.....	A	Incision of finger tendon	3.64	NA	8.38	0.47	NA	12.49	090
26460	.....	A	Incise hand/finger tendon	3.46	NA	8.06	0.44	NA	11.96	090
26471	.....	A	Fusion of finger tendons	5.73	NA	13.93	0.73	NA	20.39	090
26474	.....	A	Fusion of finger tendons	5.32	NA	13.30	0.69	NA	19.31	090
26476	.....	A	Tendon lengthening	5.18	NA	12.72	0.62	NA	18.52	090
26477	.....	A	Tendon shortening	5.15	NA	13.73	0.60	NA	19.48	090
26478	.....	A	Lengthening of hand tendon	5.80	NA	14.73	0.77	NA	21.30	090
26479	.....	A	Shortening of hand tendon	5.74	NA	13.71	0.76	NA	20.21	090
26480	.....	A	Transplant hand tendon	6.69	NA	19.63	0.84	NA	27.16	090
26483	.....	A	Transplant/graft hand tendon	8.29	NA	19.79	1.03	NA	29.11	090
26485	.....	A	Transplant palm tendon	7.70	NA	20.08	0.94	NA	28.72	090
26489	.....	A	Transplant/graft palm tendon	9.55	NA	17.34	0.98	NA	27.87	090
26490	.....	A	Revise thumb tendon	8.41	NA	14.87	1.05	NA	24.33	090
26492	.....	A	Tendon transfer with graft	9.62	NA	15.84	1.19	NA	26.65	090
26494	.....	A	Hand tendon/muscle transfer	8.47	NA	13.52	1.13	NA	23.12	090
26496	.....	A	Revise thumb tendon	9.59	NA	15.53	1.17	NA	26.29	090
26497	.....	A	Finger tendon transfer	9.57	NA	16.42	1.17	NA	27.16	090
26498	.....	A	Finger tendon transfer	14.00	NA	18.19	1.74	NA	33.93	090
26499	.....	A	Revision of finger	8.98	NA	14.61	0.94	NA	24.53	090
26500	.....	A	Hand tendon reconstruction	5.96	NA	15.16	0.66	NA	21.78	090
26502	.....	A	Hand tendon reconstruction	7.14	NA	15.14	0.87	NA	23.15	090
26504	.....	A	Hand tendon reconstruction	7.47	NA	14.31	0.84	NA	22.62	090
26508	.....	A	Release thumb contracture	6.01	NA	14.11	0.76	NA	20.88	090
26510	.....	A	Thumb tendon transfer	5.43	NA	14.18	0.71	NA	20.32	090
26516	.....	A	Fusion of knuckle joint	7.15	NA	15.06	0.90	NA	23.11	090
26517	.....	A	Fusion of knuckle joints	8.83	NA	15.89	0.96	NA	25.68	090
26518	.....	A	Fusion of knuckle joints	9.02	NA	15.91	1.13	NA	26.06	090
26520	.....	A	Release knuckle contracture	5.30	NA	18.59	0.65	NA	24.54	090
26525	.....	A	Release finger contracture	5.33	NA	18.67	0.66	NA	24.66	090
26530	.....	A	Revise knuckle joint	6.69	NA	19.35	0.86	NA	26.90	090
26531	.....	A	Revise knuckle with implant	7.91	NA	19.41	1.01	NA	28.33	090
26535	.....	A	Revise finger joint	5.24	NA	11.10	0.66	NA	17.00	090
26536	.....	A	Revise/implant finger joint	6.37	NA	17.97	0.80	NA	25.14	090
26540	.....	A	Repair hand joint	6.43	NA	14.54	0.81	NA	21.78	090
26541	.....	A	Repair hand joint with graft	8.62	NA	16.36	1.12	NA	26.10	090
26542	.....	A	Repair hand joint with graft	6.78	NA	14.51	0.87	NA	22.16	090
26545	.....	A	Reconstruct finger joint	6.92	NA	16.16	0.79	NA	23.87	090
26546	.....	A	Repair nonunion hand	8.92	NA	15.95	1.14	NA	26.01	090
26548	.....	A	Reconstruct finger joint	8.03	NA	16.13	0.98	NA	25.14	090
26550	.....	A	Construct thumb replacement	21.24	NA	30.36	1.80	NA	53.40	090
26551	.....	A	Great toe-hand transfer	46.58	NA	29.35	6.57	NA	82.50	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
26553		A	Single transfer, toe-hand	46.27	NA	29.23	1.99	NA	77.49	090
26554		A	Double transfer, toe-hand	54.95	NA	32.69	7.76	NA	95.40	090
26555		A	Positional change of finger	16.63	NA	24.00	2.13	NA	42.76	090
26556		A	Toe joint transfer	47.26	NA	29.62	6.67	NA	83.55	090
26560		A	Repair of web finger	5.38	NA	12.55	0.60	NA	18.53	090
26561		A	Repair of web finger	10.92	NA	18.61	0.69	NA	30.22	090
26562		A	Repair of web finger	15.00	NA	13.44	0.98	NA	29.42	090
26565		A	Correct metacarpal flaw	6.74	NA	14.77	0.84	NA	22.35	090
26567		A	Correct finger deformity	6.82	NA	15.10	0.84	NA	22.76	090
26568		A	Lengthen metacarpal/finger	9.08	NA	19.48	1.10	NA	29.66	090
26580		A	Repair hand deformity	18.18	NA	17.22	1.46	NA	36.86	090
26585		D	Repair finger deformity	0.00	NA	0.00	0.00	NA	0.00	090
26587		A	Reconstruct extra finger	14.05	4.67	NA	1.08	19.80	NA	090
26590		A	Repair finger deformity	17.96	NA	14.62	1.32	NA	33.90	090
26591		A	Repair muscles of hand	3.25	NA	14.22	0.37	NA	17.84	090
26593		A	Release muscles of hand	5.31	NA	13.33	0.64	NA	19.28	090
26596		A	Excision constricting tissue	8.95	NA	10.26	0.87	NA	20.08	090
26597		D	Release of scar contracture	0.00	NA	0.00	0.00	NA	0.00	090
26600		A	Treat metacarpal fracture	1.96	4.15	2.83	0.25	6.36	5.04	090
26605		A	Treat metacarpal fracture	2.85	6.05	4.29	0.38	9.28	7.52	090
26607		A	Treat metacarpal fracture	5.36	NA	8.33	0.70	NA	14.39	090
26608		A	Treat metacarpal fracture	5.36	NA	8.85	0.73	NA	14.94	090
26615		A	Treat metacarpal fracture	5.33	NA	8.43	0.70	NA	14.46	090
26641		A	Treat thumb dislocation	3.94	6.58	4.99	0.42	10.94	9.35	090
26645		A	Treat thumb fracture	4.41	7.33	5.30	0.54	12.28	10.25	090
26650		A	Treat thumb fracture	5.72	NA	9.02	0.77	NA	15.51	090
26665		A	Treat thumb fracture	7.60	NA	9.24	0.97	NA	17.81	090
26670		A	Treat hand dislocation	3.69	6.46	4.93	0.36	10.51	8.98	090
26675		A	Treat hand dislocation	4.64	6.82	4.71	0.56	12.02	9.91	090
26676		A	Pin hand dislocation	5.52	NA	9.36	0.76	NA	15.64	090
26685		A	Treat hand dislocation	6.98	NA	8.88	0.95	NA	16.81	090
26686		A	Treat hand dislocation	7.94	NA	9.84	1.05	NA	18.83	090
26700		A	Treat knuckle dislocation	3.69	5.01	3.02	0.35	9.05	7.06	090
26705		A	Treat knuckle dislocation	4.19	6.26	4.33	0.50	10.95	9.02	090
26706		A	Pin knuckle dislocation	5.12	NA	5.87	0.64	NA	11.63	090
26715		A	Treat knuckle dislocation	5.74	NA	8.62	0.75	NA	15.11	090
26720		A	Treat finger fracture, each	1.66	3.06	1.72	0.20	4.92	3.58	090
26725		A	Treat finger fracture, each	3.33	5.27	3.26	0.43	9.03	7.02	090
26727		A	Treat finger fracture, each	5.23	NA	8.88	0.69	NA	14.80	090
26735		A	Treat finger fracture, each	5.98	NA	8.99	0.77	NA	15.74	090
26740		A	Treat finger fracture, each	1.94	3.86	2.67	0.24	6.04	4.85	090
26742		A	Treat finger fracture, each	3.85	7.21	5.13	0.49	11.55	9.47	090
26746		A	Treat finger fracture, each	5.81	NA	8.93	0.74	NA	15.48	090
26750		A	Treat finger fracture, each	1.70	3.66	2.47	0.19	5.55	4.36	090
26755		A	Treat finger fracture, each	3.10	5.08	3.27	0.37	8.55	6.74	090
26756		A	Pin finger fracture, each	4.39	NA	8.74	0.56	NA	13.69	090
26765		A	Treat finger fracture, each	4.17	NA	8.02	0.51	NA	12.70	090
26770		A	Treat finger dislocation	3.02	4.87	2.80	0.27	8.16	6.09	090
26775		A	Treat finger dislocation	3.71	6.07	4.09	0.43	10.21	8.23	090
26776		A	Pin finger dislocation	4.80	NA	8.61	0.63	NA	14.04	090
26785		A	Treat finger dislocation	4.21	NA	7.95	0.54	NA	12.70	090
26820		A	Thumb fusion with graft	8.26	NA	15.80	1.11	NA	25.17	090
26841		A	Fusion of thumb	7.13	NA	15.37	0.97	NA	23.47	090
26842		A	Thumb fusion with graft	8.24	NA	15.49	1.10	NA	24.83	090
26843		A	Fusion of hand joint	7.61	NA	13.91	0.99	NA	22.51	090
26844		A	Fusion/graft of hand joint	8.73	NA	15.63	1.12	NA	25.48	090
26850		A	Fusion of knuckle	6.97	NA	14.63	0.89	NA	22.49	090
26852		A	Fusion of knuckle with graft	8.46	NA	15.19	1.05	NA	24.70	090
26860		A	Fusion of finger joint	4.69	NA	13.45	0.60	NA	18.74	090
26861		A	Fusion of finger jnt, add-on	1.74	NA	0.99	0.22	NA	2.95	ZZZ
26862		A	Fusion/graft of finger joint	7.37	NA	15.18	0.92	NA	23.47	090
26863		A	Fuse/graft added joint	3.90	NA	2.25	0.51	NA	6.66	ZZZ
26910		A	Amputate metacarpal bone	7.60	NA	13.98	0.90	NA	22.48	090
26951		A	Amputation of finger/thumb	4.59	NA	13.06	0.56	NA	18.21	090
26952		A	Amputation of finger/thumb	6.31	NA	14.47	0.74	NA	21.52	090
26989		C	Hand/finger surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
26990		A	Drainage of pelvis lesion	7.48	NA	15.92	0.92	NA	24.32	090
26991		A	Drainage of pelvis bursa	6.68	11.32	9.39	0.85	18.85	16.92	090
26992		A	Drainage of bone lesion	13.02	NA	19.95	1.75	NA	34.72	090
27000		A	Incision of hip tendon	5.62	NA	7.48	0.76	NA	13.86	090
27001		A	Incision of hip tendon	6.94	NA	8.42	0.95	NA	16.31	090
27003		A	Incision of hip tendon	7.34	NA	9.01	0.93	NA	17.28	090
27005		A	Incision of hip tendon	9.66	NA	10.50	1.36	NA	21.52	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
27006	.....	A	Incision of hip tendons	9.68	NA	10.59	1.33	NA	21.60	090
27025	.....	A	Incision of hip/thigh fascia	11.16	NA	10.53	1.38	NA	23.07	090
27030	.....	A	Drainage of hip joint	13.01	NA	12.45	1.81	NA	27.27	090
27033	.....	A	Exploration of hip joint	13.39	NA	12.62	1.87	NA	27.88	090
27035	.....	A	Denervation of hip joint	16.69	NA	19.67	1.70	NA	38.06	090
27036	.....	A	Excision of hip joint/muscle	12.88	NA	14.03	1.80	NA	28.71	090
27040	.....	A	Biopsy of soft tissues	2.87	6.23	4.00	0.21	9.31	7.08	010
27041	.....	A	Biopsy of soft tissues	9.89	NA	8.60	1.01	NA	19.50	090
27047	.....	A	Remove hip/pelvis lesion	7.45	9.26	7.03	0.79	17.50	15.27	090
27048	.....	A	Remove hip/pelvis lesion	6.25	NA	7.94	0.73	NA	14.92	090
27049	.....	A	Remove tumor, hip/pelvis	13.66	NA	13.77	1.60	NA	29.03	090
27050	.....	A	Biopsy of sacroiliac joint	4.36	NA	7.52	0.53	NA	12.41	090
27052	.....	A	Biopsy of hip joint	6.23	NA	8.24	0.85	NA	15.32	090
27054	.....	A	Removal of hip joint lining	8.54	NA	10.67	1.17	NA	20.38	090
27060	.....	A	Removal of ischial bursa	5.43	NA	7.21	0.60	NA	13.24	090
27062	.....	A	Remove femur lesion/bursa	5.37	NA	7.32	0.74	NA	13.43	090
27065	.....	A	Removal of hip bone lesion	5.90	NA	8.65	0.76	NA	15.31	090
27066	.....	A	Removal of hip bone lesion	10.33	NA	12.53	1.42	NA	24.28	090
27067	.....	A	Remove/graft hip bone lesion	13.83	NA	14.54	1.95	NA	30.32	090
27070	.....	A	Partial removal of hip bone	10.72	NA	17.71	1.36	NA	29.79	090
27071	.....	A	Partial removal of hip bone	11.46	NA	18.67	1.51	NA	31.64	090
27075	.....	A	Extensive hip surgery	35.00	NA	25.75	2.22	NA	62.97	090
27076	.....	A	Extensive hip surgery	22.12	NA	20.08	2.86	NA	45.06	090
27077	.....	A	Extensive hip surgery	40.00	NA	30.55	3.18	NA	73.73	090
27078	.....	A	Extensive hip surgery	13.44	NA	16.30	1.67	NA	31.41	090
27079	.....	A	Extensive hip surgery	13.75	NA	13.43	1.86	NA	29.04	090
27080	.....	A	Removal of tail bone	6.39	NA	7.64	0.80	NA	14.83	090
27086	.....	A	Remove hip foreign body	1.87	5.85	3.70	0.17	7.89	5.74	010
27087	.....	A	Remove hip foreign body	8.54	NA	9.04	1.09	NA	18.67	090
27090	.....	A	Removal of hip prosthesis	11.15	NA	11.37	1.55	NA	24.07	090
27091	.....	A	Removal of hip prosthesis	22.14	NA	15.14	3.11	NA	40.39	090
27093	.....	A	Injection for hip x-ray	1.30	13.59	0.53	0.09	14.98	1.92	000
27095	.....	A	Injection for hip x-ray	1.50	11.00	0.60	0.10	12.60	2.20	000
27096	.....	A	Inject sacroiliac joint	1.40	8.86	0.35	0.08	10.34	1.83	000
27097	.....	A	Revision of hip tendon	8.80	NA	8.13	1.22	NA	18.15	090
27098	.....	A	Transfer tendon to pelvis	8.83	NA	9.18	1.24	NA	19.25	090
27100	.....	A	Transfer of abdominal muscle	11.08	NA	13.03	1.57	NA	25.68	090
27105	.....	A	Transfer of spinal muscle	11.77	NA	12.14	1.66	NA	25.57	090
27110	.....	A	Transfer of iliopsoas muscle	13.26	NA	12.99	1.38	NA	27.63	090
27111	.....	A	Transfer of iliopsoas muscle	12.15	NA	11.77	1.48	NA	25.40	090
27120	.....	A	Reconstruction of hip socket	18.01	NA	14.28	2.45	NA	34.74	090
27122	.....	A	Reconstruction of hip socket	14.98	NA	14.48	2.08	NA	31.54	090
27125	.....	A	Partial hip replacement	14.69	NA	14.02	2.05	NA	30.76	090
27130	.....	A	Total hip arthroplasty	20.12	NA	17.18	2.82	NA	40.12	090
27132	.....	A	Total hip arthroplasty	23.30	NA	19.00	3.26	NA	45.56	090
27134	.....	A	Revise hip joint replacement	28.52	NA	21.82	3.97	NA	54.31	090
27137	.....	A	Revise hip joint replacement	21.17	NA	17.54	2.97	NA	41.68	090
27138	.....	A	Revise hip joint replacement	22.17	NA	17.94	3.11	NA	43.22	090
27140	.....	A	Transplant femur ridge	12.24	NA	11.98	1.67	NA	25.89	090
27146	.....	A	Incision of hip bone	17.43	NA	15.87	2.27	NA	35.57	090
27147	.....	A	Revision of hip bone	20.58	NA	17.87	2.61	NA	41.06	090
27151	.....	A	Incision of hip bones	22.51	NA	18.97	3.12	NA	44.60	090
27156	.....	A	Revision of hip bones	24.63	NA	19.84	3.48	NA	47.95	090
27158	.....	A	Revision of pelvis	19.74	NA	15.58	2.60	NA	37.92	090
27161	.....	A	Incision of neck of femur	16.71	NA	14.47	2.32	NA	33.50	090
27165	.....	A	Incision/fixation of femur	17.91	NA	14.92	2.51	NA	35.34	090
27170	.....	A	Repair/graft femur head/neck	16.07	NA	14.16	2.20	NA	32.43	090
27175	.....	A	Treat slipped epiphysis	8.46	NA	7.26	1.19	NA	16.91	090
27176	.....	A	Treat slipped epiphysis	12.05	NA	10.23	1.68	NA	23.96	090
27177	.....	A	Treat slipped epiphysis	15.08	NA	12.22	2.11	NA	29.41	090
27178	.....	A	Treat slipped epiphysis	11.99	NA	10.13	1.68	NA	23.80	090
27179	.....	A	Revise head/neck of femur	12.98	NA	10.90	1.84	NA	25.72	090
27181	.....	A	Treat slipped epiphysis	14.68	NA	11.92	1.74	NA	28.34	090
27185	.....	A	Revision of femur epiphysis	9.18	NA	10.04	1.29	NA	20.51	090
27187	.....	A	Reinforce hip bones	13.54	NA	13.53	1.89	NA	28.96	090
27193	.....	A	Treat pelvic ring fracture	5.56	7.14	5.36	0.77	13.47	11.69	090
27194	.....	A	Treat pelvic ring fracture	9.65	9.20	7.69	1.32	20.17	18.66	090
27200	.....	A	Treat tail bone fracture	1.84	3.13	1.84	0.22	5.19	3.90	090
27202	.....	A	Treat tail bone fracture	7.04	NA	21.62	0.69	NA	29.35	090
27215	.....	A	Treat pelvic fracture(s)	10.05	NA	10.60	1.37	NA	22.02	090
27216	.....	A	Treat pelvic ring fracture	15.19	NA	15.51	2.15	NA	32.85	090
27217	.....	A	Treat pelvic ring fracture	14.11	NA	12.83	1.95	NA	28.89	090
27218	.....	A	Treat pelvic ring fracture	20.15	NA	16.68	2.85	NA	39.68	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
27220		A	Treat hip socket fracture	6.18	7.48	5.72	0.85	14.51	12.75	090
27222		A	Treat hip socket fracture	12.70	NA	10.37	1.77	NA	24.84	090
27226		A	Treat hip wall fracture	14.91	NA	10.36	2.07	NA	27.34	090
27227		A	Treat hip fracture(s)	23.45	NA	17.22	3.24	NA	43.91	090
27228		A	Treat hip fracture(s)	27.16	NA	19.67	3.77	NA	50.60	090
27230		A	Treat thigh fracture	5.50	7.62	6.30	0.73	13.85	12.53	090
27232		A	Treat thigh fracture	10.68	NA	9.31	1.45	NA	21.44	090
27235		A	Treat thigh fracture	12.16	NA	11.24	1.71	NA	25.11	090
27236		A	Treat thigh fracture	15.60	NA	12.99	2.18	NA	30.77	090
27238		A	Treat thigh fracture	5.52	NA	6.36	0.76	NA	12.64	090
27240		A	Treat thigh fracture	12.50	NA	10.38	1.69	NA	24.57	090
27244		A	Treat thigh fracture	15.94	NA	13.25	2.23	NA	31.42	090
27245		A	Treat thigh fracture	20.31	NA	15.61	2.85	NA	38.77	090
27246		A	Treat thigh fracture	4.71	7.31	5.93	0.66	12.68	11.30	090
27248		A	Treat thigh fracture	10.45	NA	10.20	1.45	NA	22.10	090
27250		A	Treat hip dislocation	6.95	NA	6.55	0.68	NA	14.18	090
27252		A	Treat hip dislocation	10.39	NA	8.31	1.37	NA	20.07	090
27253		A	Treat hip dislocation	12.92	NA	11.10	1.81	NA	25.83	090
27254		A	Treat hip dislocation	18.26	NA	14.29	2.52	NA	35.07	090
27256		A	Treat hip dislocation	4.12	NA	4.31	0.49	NA	8.92	010
27257		A	Treat hip dislocation	5.22	NA	4.59	0.56	NA	10.37	010
27258		A	Treat hip dislocation	15.43	NA	13.93	2.06	NA	31.42	090
27259		A	Treat hip dislocation	21.55	NA	18.02	2.99	NA	42.56	090
27265		A	Treat hip dislocation	5.05	NA	6.09	0.65	NA	11.79	090
27266		A	Treat hip dislocation	7.49	NA	7.50	1.04	NA	16.03	090
27275		A	Manipulation of hip joint	2.27	NA	3.62	0.31	NA	6.20	010
27280		A	Fusion of sacroiliac joint	13.39	NA	13.95	1.98	NA	29.32	090
27282		A	Fusion of pubic bones	11.34	NA	12.33	1.14	NA	24.81	090
27284		A	Fusion of hip joint	23.45	NA	18.86	2.36	NA	44.67	090
27286		A	Fusion of hip joint	23.45	NA	19.13	2.37	NA	44.95	090
27290		A	Amputation of leg at hip	23.28	NA	17.37	2.94	NA	43.59	090
27295		A	Amputation of leg at hip	18.65	NA	14.65	2.35	NA	35.65	090
27299		C	Pelvis/hip joint surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
27301		A	Drain thigh/knee lesion	6.49	15.30	14.04	0.80	22.59	21.33	090
27303		A	Drainage of bone lesion	8.28	NA	14.63	1.14	NA	24.05	090
27305		A	Incise thigh tendon & fascia	5.92	NA	8.88	0.77	NA	15.57	090
27306		A	Incision of thigh tendon	4.62	NA	7.54	0.62	NA	12.78	090
27307		A	Incision of thigh tendons	5.80	NA	8.15	0.78	NA	14.73	090
27310		A	Exploration of knee joint	9.27	NA	10.14	1.29	NA	20.70	090
27315		A	Partial removal, thigh nerve	6.97	NA	4.04	0.79	NA	11.80	090
27320		A	Partial removal, thigh nerve	6.30	NA	5.07	0.78	NA	12.15	090
27323		A	Biopsy, thigh soft tissues	2.28	5.57	3.49	0.17	8.02	5.94	010
27324		A	Biopsy, thigh soft tissues	4.90	NA	6.79	0.59	NA	12.28	090
27327		A	Removal of thigh lesion	4.47	8.47	6.35	0.50	13.44	11.32	090
27328		A	Removal of thigh lesion	5.57	NA	7.19	0.66	NA	13.42	090
27329		A	Remove tumor, thigh/knee	14.14	NA	15.02	1.68	NA	30.84	090
27330		A	Biopsy, knee joint lining	4.97	NA	6.42	0.66	NA	12.05	090
27331		A	Explore/treat knee joint	5.88	NA	7.56	0.81	NA	14.25	090
27332		A	Removal of knee cartilage	8.27	NA	8.84	1.15	NA	18.26	090
27333		A	Removal of knee cartilage	7.30	NA	8.49	1.03	NA	16.82	090
27334		A	Remove knee joint lining	8.70	NA	9.80	1.21	NA	19.71	090
27335		A	Remove knee joint lining	10.00	NA	10.58	1.41	NA	21.99	090
27340		A	Removal of kneecap bursa	4.18	NA	6.03	0.58	NA	10.79	090
27345		A	Removal of knee cyst	5.92	NA	7.49	0.81	NA	14.22	090
27347		A	Remove knee cyst	5.78	2.64	2.64	0.76	9.18	9.18	090
27350		A	Removal of kneecap	8.17	NA	8.95	1.15	NA	18.27	090
27355		A	Remove femur lesion	7.65	NA	10.36	1.07	NA	19.08	090
27356		A	Remove femur lesion/graft	9.48	NA	11.32	1.29	NA	22.09	090
27357		A	Remove femur lesion/graft	10.53	NA	11.75	1.48	NA	23.76	090
27358		A	Remove femur lesion/fixation	4.74	NA	2.69	0.67	NA	8.10	ZZZ
27360		A	Partial removal, leg bone(s)	10.50	NA	18.43	1.42	NA	30.35	090
27365		A	Extensive leg surgery	16.27	NA	14.69	2.26	NA	33.22	090
27370		A	Injection for knee x-ray	0.96	11.10	0.35	0.06	12.12	1.37	000
27372		A	Removal of foreign body	5.07	8.66	6.28	0.62	14.35	11.97	090
27380		A	Repair of kneecap tendon	7.16	NA	8.57	1.00	NA	16.73	090
27381		A	Repair/graft kneecap tendon	10.34	NA	10.34	1.44	NA	22.12	090
27385		A	Repair of thigh muscle	7.76	NA	8.93	1.09	NA	17.78	090
27386		A	Repair/graft of thigh muscle	10.56	NA	11.12	1.49	NA	23.17	090
27390		A	Incision of thigh tendon	5.33	NA	8.22	0.69	NA	14.24	090
27391		A	Incision of thigh tendons	7.20	NA	9.08	0.99	NA	17.27	090
27392		A	Incision of thigh tendons	9.20	NA	11.15	1.23	NA	21.58	090
27393		A	Lengthening of thigh tendon	6.39	NA	8.45	0.90	NA	15.74	090
27394		A	Lengthening of thigh tendons	8.50	NA	10.51	1.17	NA	20.18	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
27395	.....	A	Lengthening of thigh tendons	11.73	NA	13.19	1.63	NA	26.55	090
27396	.....	A	Transplant of thigh tendon	7.86	NA	9.65	1.11	NA	18.62	090
27397	.....	A	Transplants of thigh tendons	11.28	NA	11.71	1.58	NA	24.57	090
27400	.....	A	Revise thigh muscles/tendons	9.02	NA	10.67	1.18	NA	20.87	090
27403	.....	A	Repair of knee cartilage	8.33	NA	8.88	1.16	NA	18.37	090
27405	.....	A	Repair of knee ligament	8.65	NA	9.81	1.21	NA	19.67	090
27407	.....	A	Repair of knee ligament	10.28	NA	10.67	1.38	NA	22.33	090
27409	.....	A	Repair of knee ligaments	12.90	NA	12.11	1.75	NA	26.76	090
27418	.....	A	Repair degenerated kneecap	10.85	NA	10.99	1.51	NA	23.35	090
27420	.....	A	Revision of unstable kneecap	9.83	NA	9.87	1.38	NA	21.08	090
27422	.....	A	Revision of unstable kneecap	9.78	NA	9.83	1.37	NA	20.98	090
27424	.....	A	Revision/removal of kneecap	9.81	NA	9.75	1.38	NA	20.94	090
27425	.....	A	Lateral retinacular release	5.22	NA	7.29	0.73	NA	13.24	090
27427	.....	A	Reconstruction, knee	9.36	NA	9.57	1.29	NA	20.22	090
27428	.....	A	Reconstruction, knee	14.00	NA	12.85	1.95	NA	28.80	090
27429	.....	A	Reconstruction, knee	15.52	NA	13.69	2.18	NA	31.39	090
27430	.....	A	Revision of thigh muscles	9.67	NA	9.90	1.35	NA	20.92	090
27435	.....	A	Incision of knee joint	9.49	NA	9.68	1.33	NA	20.50	090
27437	.....	A	Revise kneecap	8.46	NA	10.06	1.18	NA	19.70	090
27438	.....	A	Revise kneecap with implant	11.23	NA	11.34	1.56	NA	24.13	090
27440	.....	A	Revision of knee joint	10.43	NA	10.92	1.42	NA	22.77	090
27441	.....	A	Revision of knee joint	10.82	NA	11.24	1.49	NA	23.55	090
27442	.....	A	Revision of knee joint	11.89	NA	11.77	1.68	NA	25.34	090
27443	.....	A	Revision of knee joint	10.93	NA	11.56	1.52	NA	24.01	090
27445	.....	A	Revision of knee joint	17.68	NA	14.98	2.49	NA	35.15	090
27446	.....	A	Revision of knee joint	15.84	NA	14.26	2.22	NA	32.32	090
27447	.....	A	Total knee arthroplasty	21.48	NA	17.35	3.00	NA	41.83	090
27448	.....	A	Incision of thigh	11.06	NA	11.98	1.51	NA	24.55	090
27450	.....	A	Incision of thigh	13.98	NA	13.83	1.96	NA	29.77	090
27454	.....	A	Realignment of thigh bone	17.56	NA	15.83	2.46	NA	35.85	090
27455	.....	A	Realignment of knee	12.82	NA	12.57	1.78	NA	27.17	090
27457	.....	A	Realignment of knee	13.45	NA	11.73	1.88	NA	27.06	090
27465	.....	A	Shortening of thigh bone	13.87	NA	14.09	1.86	NA	29.82	090
27466	.....	A	Lengthening of thigh bone	16.33	NA	16.19	1.92	NA	34.44	090
27468	.....	A	Shorten/lengthen thighs	18.97	NA	14.57	2.68	NA	36.22	090
27470	.....	A	Repair of thigh	16.07	NA	16.07	2.24	NA	34.38	090
27472	.....	A	Repair/graft of thigh	17.72	NA	16.98	2.49	NA	37.19	090
27475	.....	A	Surgery to stop leg growth	8.64	NA	9.51	1.13	NA	19.28	090
27477	.....	A	Surgery to stop leg growth	9.85	NA	10.10	1.31	NA	21.26	090
27479	.....	A	Surgery to stop leg growth	12.80	NA	12.09	1.81	NA	26.70	090
27485	.....	A	Surgery to stop leg growth	8.84	NA	9.40	1.24	NA	19.48	090
27486	.....	A	Revise/replace knee joint	19.27	NA	16.13	2.70	NA	38.10	090
27487	.....	A	Revise/replace knee joint	25.27	NA	19.26	3.54	NA	48.07	090
27488	.....	A	Removal of knee prosthesis	15.74	NA	14.21	2.21	NA	32.16	090
27495	.....	A	Reinforce thigh	15.55	NA	15.78	2.18	NA	33.51	090
27496	.....	A	Decompression of thigh/knee	6.11	NA	7.96	0.77	NA	14.84	090
27497	.....	A	Decompression of thigh/knee	7.17	NA	8.16	0.84	NA	16.17	090
27498	.....	A	Decompression of thigh/knee	7.99	NA	8.37	0.97	NA	17.33	090
27499	.....	A	Decompression of thigh/knee	9.00	NA	9.42	1.18	NA	19.60	090
27500	.....	A	Treatment of thigh fracture	5.92	9.84	7.57	0.80	16.56	14.29	090
27501	.....	A	Treatment of thigh fracture	5.92	10.92	8.62	0.83	17.67	15.37	090
27502	.....	A	Treatment of thigh fracture	10.58	NA	11.27	1.49	NA	23.34	090
27503	.....	A	Treatment of thigh fracture	10.58	NA	11.26	1.49	NA	23.33	090
27506	.....	A	Treatment of thigh fracture	17.45	NA	14.57	2.33	NA	34.35	090
27507	.....	A	Treatment of thigh fracture	13.99	NA	12.58	1.95	NA	28.52	090
27508	.....	A	Treatment of thigh fracture	5.83	7.17	5.43	0.80	13.80	12.06	090
27509	.....	A	Treatment of thigh fracture	7.71	NA	9.44	1.08	NA	18.23	090
27510	.....	A	Treatment of thigh fracture	9.13	NA	7.37	1.26	NA	17.76	090
27511	.....	A	Treatment of thigh fracture	13.64	NA	13.38	1.91	NA	28.93	090
27513	.....	A	Treatment of thigh fracture	17.92	NA	15.80	2.51	NA	36.23	090
27514	.....	A	Treatment of thigh fracture	17.30	NA	14.55	2.41	NA	34.26	090
27516	.....	A	Treat thigh fx growth plate	5.37	7.98	5.85	0.74	14.09	11.96	090
27517	.....	A	Treat thigh fx growth plate	8.78	9.94	7.90	1.22	19.94	17.90	090
27519	.....	A	Treat thigh fx growth plate	15.02	NA	13.11	2.09	NA	30.22	090
27520	.....	A	Treat kneecap fracture	2.86	5.48	3.82	0.38	8.72	7.06	090
27524	.....	A	Treat kneecap fracture	10.00	NA	8.98	1.40	NA	20.38	090
27530	.....	A	Treat knee fracture	3.78	6.00	4.33	0.51	10.29	8.62	090
27532	.....	A	Treat knee fracture	7.30	7.65	5.84	1.02	15.97	14.16	090
27535	.....	A	Treat knee fracture	11.50	NA	12.15	1.61	NA	25.26	090
27536	.....	A	Treat knee fracture	15.65	NA	12.16	2.19	NA	30.00	090
27538	.....	A	Treat knee fracture(s)	4.87	7.64	5.60	0.67	13.18	11.14	090
27540	.....	A	Treat knee fracture	13.10	NA	10.75	1.80	NA	25.65	090
27550	.....	A	Treat knee dislocation	5.76	7.60	5.79	0.68	14.04	12.23	090

[3] +Indicates RVUs are not used for Medicare payment.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
27552	.....	A	Treat knee dislocation	7.90	NA	8.04	1.10	NA	17.04	090
27556	.....	A	Treat knee dislocation	14.41	NA	14.45	2.01	NA	30.87	090
27557	.....	A	Treat knee dislocation	16.77	NA	15.78	2.37	NA	34.92	090
27558	.....	A	Treat knee dislocation	17.72	NA	15.91	2.51	NA	36.14	090
27560	.....	A	Treat kneecap dislocation	3.82	5.89	4.04	0.40	10.11	8.26	090
27562	.....	A	Treat kneecap dislocation	5.79	NA	5.67	0.69	NA	12.15	090
27566	.....	A	Treat kneecap dislocation	12.23	NA	10.09	1.73	NA	24.05	090
27570	.....	A	Fixation of knee joint	1.74	NA	3.24	0.24	NA	5.22	010
27580	.....	A	Fusion of knee	19.37	NA	16.63	2.70	NA	38.70	090
27590	.....	A	Amputate leg at thigh	12.03	NA	12.67	1.35	NA	26.05	090
27591	.....	A	Amputate leg at thigh	12.68	NA	14.01	1.63	NA	28.32	090
27592	.....	A	Amputate leg at thigh	10.02	NA	12.55	1.17	NA	23.74	090
27594	.....	A	Amputation follow-up surgery	6.92	NA	9.05	0.82	NA	16.79	090
27596	.....	A	Amputation follow-up surgery	10.60	NA	12.64	1.24	NA	24.48	090
27598	.....	A	Amputate lower leg at knee	10.53	NA	11.69	1.24	NA	23.46	090
27599	.....	C	Leg surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
27600	.....	A	Decompression of lower leg	5.65	NA	7.67	0.68	NA	14.00	090
27601	.....	A	Decompression of lower leg	5.64	NA	7.68	0.69	NA	14.01	090
27602	.....	A	Decompression of lower leg	7.35	NA	8.08	0.85	NA	16.28	090
27603	.....	A	Drain lower leg lesion	4.94	16.03	10.54	0.56	21.53	16.04	090
27604	.....	A	Drain lower leg bursa	4.47	11.01	8.47	0.54	16.02	13.48	090
27605	.....	A	Incision of achilles tendon	2.87	9.81	3.67	0.38	13.06	6.92	010
27606	.....	A	Incision of achilles tendon	4.14	13.19	5.08	0.57	17.90	9.79	010
27607	.....	A	Treat lower leg bone lesion	7.97	NA	12.78	1.08	NA	21.83	090
27610	.....	A	Explore/treat ankle joint	8.34	NA	10.43	1.15	NA	19.92	090
27612	.....	A	Exploration of ankle joint	7.33	NA	8.32	1.01	NA	16.66	090
27613	.....	A	Biopsy lower leg soft tissue	2.17	5.38	2.96	0.16	7.71	5.29	010
27614	.....	A	Biopsy lower leg soft tissue	5.66	10.88	7.17	0.62	17.16	13.45	090
27615	.....	A	Remove tumor, lower leg	12.56	NA	17.07	1.39	NA	31.02	090
27618	.....	A	Remove lower leg lesion	5.09	11.72	6.72	0.54	17.35	12.35	090
27619	.....	A	Remove lower leg lesion	8.40	12.63	9.55	1.01	22.04	18.96	090
27620	.....	A	Explore/treat ankle joint	5.98	NA	8.20	0.83	NA	15.01	090
27625	.....	A	Remove ankle joint lining	8.30	NA	9.57	1.16	NA	19.03	090
27626	.....	A	Remove ankle joint lining	8.91	NA	10.39	1.23	NA	20.53	090
27630	.....	A	Removal of tendon lesion	4.80	10.70	6.87	0.60	16.10	12.27	090
27635	.....	A	Remove lower leg bone lesion	7.78	NA	11.13	1.06	NA	19.97	090
27637	.....	A	Remove/graft leg bone lesion	9.85	NA	12.36	1.38	NA	23.59	090
27638	.....	A	Remove/graft leg bone lesion	10.57	NA	12.55	1.47	NA	24.59	090
27640	.....	A	Partial removal of tibia	11.37	NA	18.46	1.54	NA	31.37	090
27641	.....	A	Partial removal of fibula	9.24	NA	16.52	1.22	NA	26.98	090
27645	.....	A	Extensive lower leg surgery	14.17	NA	18.78	1.98	NA	34.93	090
27646	.....	A	Extensive lower leg surgery	12.66	NA	18.50	1.55	NA	32.71	090
27647	.....	A	Extensive ankle/heel surgery	12.24	NA	11.31	1.64	NA	25.19	090
27648	.....	A	Injection for ankle x-ray	0.96	9.49	0.36	0.05	10.50	1.37	000
27650	.....	A	Repair achilles tendon	9.69	NA	9.60	1.35	NA	20.64	090
27652	.....	A	Repair/graft achilles tendon	10.33	NA	9.90	1.45	NA	21.68	090
27654	.....	A	Repair of achilles tendon	10.02	NA	10.34	1.41	NA	21.77	090
27656	.....	A	Repair leg fascia defect	4.57	11.38	7.06	0.48	16.43	12.11	090
27658	.....	A	Repair of leg tendon, each	4.98	10.63	9.14	0.68	16.29	14.80	090
27659	.....	A	Repair of leg tendon, each	6.81	12.77	9.97	0.96	20.54	17.74	090
27664	.....	A	Repair of leg tendon, each	4.59	17.85	9.17	0.63	23.07	14.39	090
27665	.....	A	Repair of leg tendon, each	5.40	8.95	8.95	0.75	15.10	15.10	090
27675	.....	A	Repair lower leg tendons	7.18	NA	8.48	1.01	NA	16.67	090
27676	.....	A	Repair lower leg tendons	8.42	NA	9.72	1.15	NA	19.29	090
27680	.....	A	Release of lower leg tendon	5.74	NA	8.27	0.80	NA	14.81	090
27681	.....	A	Release of lower leg tendons	6.82	NA	8.88	0.92	NA	16.62	090
27685	.....	A	Revision of lower leg tendon	6.50	10.37	8.45	0.91	17.78	15.86	090
27686	.....	A	Revise lower leg tendons	7.46	15.30	9.89	1.05	23.81	18.40	090
27687	.....	A	Revision of calf tendon	6.24	NA	8.70	0.88	NA	15.82	090
27690	.....	A	Revise lower leg tendon	8.71	NA	9.61	1.22	NA	19.54	090
27691	.....	A	Revise lower leg tendon	9.96	NA	11.10	1.40	NA	22.46	090
27692	.....	A	Revise additional leg tendon	1.87	NA	0.99	0.26	NA	3.12	ZZZ
27695	.....	A	Repair of ankle ligament	6.51	NA	9.20	0.90	NA	16.61	090
27696	.....	A	Repair of ankle ligaments	8.27	NA	9.54	1.16	NA	18.97	090
27698	.....	A	Repair of ankle ligament	9.36	NA	9.72	1.31	NA	20.39	090
27700	.....	A	Revision of ankle joint	9.29	NA	7.95	1.24	NA	18.48	090
27702	.....	A	Reconstruct ankle joint	13.67	NA	13.02	1.92	NA	28.61	090
27703	.....	A	Reconstruction, ankle joint	15.87	NA	13.31	2.24	NA	31.42	090
27704	.....	A	Removal of ankle implant	7.62	NA	9.40	0.61	NA	17.63	090
27705	.....	A	Incision of tibia	10.38	NA	11.55	1.44	NA	23.37	090
27707	.....	A	Incision of fibula	4.37	NA	8.48	0.60	NA	13.45	090
27709	.....	A	Incision of tibia & fibula	9.95	NA	11.48	1.39	NA	22.82	090
27712	.....	A	Realignment of lower leg	14.25	NA	13.92	2.00	NA	30.17	090

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[3] +Indicates RVUs are not used for Medicare payment.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
27715	.....	A	Revision of lower leg	14.39	NA	15.22	2.00	NA	31.61	090
27720	.....	A	Repair of tibia	11.79	NA	13.67	1.66	NA	27.12	090
27722	.....	A	Repair/graft of tibia	11.82	NA	13.46	1.65	NA	26.93	090
27724	.....	A	Repair/graft of tibia	18.20	NA	17.28	2.10	NA	37.58	090
27725	.....	A	Repair of lower leg	15.59	NA	15.62	2.20	NA	33.41	090
27727	.....	A	Repair of lower leg	14.01	NA	14.43	1.84	NA	30.28	090
27730	.....	A	Repair of tibia epiphysis	7.41	21.54	10.22	0.75	29.70	18.38	090
27732	.....	A	Repair of fibula epiphysis	5.32	14.45	7.22	0.63	20.40	13.17	090
27734	.....	A	Repair lower leg epiphyses	8.48	NA	10.84	0.85	NA	20.17	090
27740	.....	A	Repair of leg epiphyses	9.30	16.04	9.72	1.31	26.65	20.33	090
27742	.....	A	Repair of leg epiphyses	10.30	16.44	9.27	1.55	28.29	21.12	090
27745	.....	A	Reinforce tibia	10.07	NA	11.60	1.38	NA	23.05	090
27750	.....	A	Treatment of tibia fracture	3.19	5.65	4.00	0.43	9.27	7.62	090
27752	.....	A	Treatment of tibia fracture	5.84	8.20	6.17	0.82	14.86	12.83	090
27756	.....	A	Treatment of tibia fracture	6.78	NA	10.84	0.94	NA	18.56	090
27758	.....	A	Treatment of tibia fracture	11.67	NA	12.22	1.52	NA	25.41	090
27759	.....	A	Treatment of tibia fracture	13.76	NA	13.46	1.93	NA	29.15	090
27760	.....	A	Treatment of ankle fracture	3.01	5.42	3.87	0.39	8.82	7.27	090
27762	.....	A	Treatment of ankle fracture	5.25	7.57	5.75	0.71	13.53	11.71	090
27766	.....	A	Treatment of ankle fracture	8.36	NA	8.26	1.17	NA	17.79	090
27780	.....	A	Treatment of fibula fracture	2.65	5.37	3.69	0.33	8.35	6.67	090
27781	.....	A	Treatment of fibula fracture	4.40	6.38	4.62	0.57	11.35	9.59	090
27784	.....	A	Treatment of fibula fracture	7.11	NA	8.63	0.98	NA	16.72	090
27786	.....	A	Treatment of ankle fracture	2.84	5.38	3.78	0.37	8.59	6.99	090
27788	.....	A	Treatment of ankle fracture	4.45	6.65	4.62	0.61	11.71	9.68	090
27792	.....	A	Treatment of ankle fracture	7.66	NA	8.18	1.07	NA	16.91	090
27808	.....	A	Treatment of ankle fracture	2.83	6.44	4.50	0.38	9.65	7.71	090
27810	.....	A	Treatment of ankle fracture	5.13	7.77	5.71	0.71	13.61	11.55	090
27814	.....	A	Treatment of ankle fracture	10.68	NA	10.93	1.50	NA	23.11	090
27816	.....	A	Treatment of ankle fracture	2.89	5.97	4.55	0.37	9.23	7.81	090
27818	.....	A	Treatment of ankle fracture	5.50	7.89	5.88	0.74	14.13	12.12	090
27822	.....	A	Treatment of ankle fracture	11.00	NA	13.18	1.29	NA	25.47	090
27823	.....	A	Treatment of ankle fracture	13.00	NA	14.39	1.65	NA	29.04	090
27824	.....	A	Treat lower leg fracture	2.89	6.43	4.50	0.39	9.71	7.78	090
27825	.....	A	Treat lower leg fracture	6.19	8.30	6.32	0.85	15.34	13.36	090
27826	.....	A	Treat lower leg fracture	8.54	NA	11.88	1.19	NA	21.61	090
27827	.....	A	Treat lower leg fracture	14.06	NA	15.00	1.96	NA	31.02	090
27828	.....	A	Treat lower leg fracture	16.23	NA	15.03	2.27	NA	33.53	090
27829	.....	A	Treat lower leg joint	5.49	NA	8.67	0.77	NA	14.93	090
27830	.....	A	Treat lower leg dislocation	3.79	5.82	4.36	0.44	10.05	8.59	090
27831	.....	A	Treat lower leg dislocation	4.56	NA	4.94	0.61	NA	10.11	090
27832	.....	A	Treat lower leg dislocation	6.49	NA	8.06	0.91	NA	15.46	090
27840	.....	A	Treat ankle dislocation	4.58	NA	6.21	0.47	NA	11.26	090
27842	.....	A	Treat ankle dislocation	6.21	NA	5.25	0.76	NA	12.22	090
27846	.....	A	Treat ankle dislocation	9.79	NA	10.46	1.36	NA	21.61	090
27848	.....	A	Treat ankle dislocation	11.20	NA	11.70	1.55	NA	24.45	090
27860	.....	A	Fixation of ankle joint	2.34	NA	3.78	0.31	NA	6.43	010
27870	.....	A	Fusion of ankle joint	13.91	NA	13.76	1.95	NA	29.62	090
27871	.....	A	Fusion of tibiofibular joint	9.17	NA	11.03	1.29	NA	21.49	090
27880	.....	A	Amputation of lower leg	11.85	NA	11.95	1.38	NA	25.18	090
27881	.....	A	Amputation of lower leg	12.34	NA	13.44	1.59	NA	27.37	090
27882	.....	A	Amputation of lower leg	8.94	NA	13.13	1.03	NA	23.10	090
27884	.....	A	Amputation follow-up surgery	8.21	NA	10.78	0.95	NA	19.94	090
27886	.....	A	Amputation follow-up surgery	9.32	NA	11.26	1.13	NA	21.71	090
27888	.....	A	Amputation of foot at ankle	9.67	NA	11.11	1.26	NA	22.04	090
27889	.....	A	Amputation of foot at ankle	9.98	NA	10.45	1.19	NA	21.62	090
27892	.....	A	Decompression of leg	7.39	NA	8.41	0.86	NA	16.66	090
27893	.....	A	Decompression of leg	7.35	NA	8.58	0.90	NA	16.83	090
27894	.....	A	Decompression of leg	10.49	NA	10.09	1.25	NA	21.83	090
27899	.....	C	Leg/ankle surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
28001	.....	A	Drainage of bursa of foot	2.73	5.62	3.09	0.31	8.66	6.13	010
28002	.....	A	Treatment of foot infection	4.62	6.78	4.22	0.56	11.96	9.40	010
28003	.....	A	Treatment of foot infection	8.41	11.40	10.63	1.03	20.84	20.07	090
28005	.....	A	Treat foot bone lesion	8.68	NA	10.26	1.14	NA	20.08	090
28008	.....	A	Incision of foot fascia	4.45	8.17	6.38	0.56	13.18	11.39	090
28010	.....	A	Incision of toe tendon	2.84	7.64	5.37	0.39	10.87	8.60	090
28011	.....	A	Incision of toe tendons	4.14	9.36	6.79	0.58	14.08	11.51	090
28020	.....	A	Exploration of foot joint	5.01	8.12	6.81	0.64	13.77	12.46	090
28022	.....	A	Exploration of foot joint	4.67	7.90	6.26	0.62	13.19	11.55	090
28024	.....	A	Exploration of toe joint	4.38	8.55	6.64	0.50	13.43	11.52	090
28030	.....	A	Removal of foot nerve	6.15	NA	3.50	0.85	NA	10.50	090
28035	.....	A	Decompression of tibia nerve	5.09	8.80	5.35	0.71	14.60	11.15	090
28043	.....	A	Excision of foot lesion	3.54	7.47	4.96	0.45	11.46	8.95	090

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[3] +Indicates RVUs are not used for Medicare payment.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
28045	.....	A	Excision of foot lesion	4.72	8.18	5.81	0.62	13.52	11.15	090
28046	.....	A	Resection of tumor, foot	10.18	13.58	11.38	1.13	24.89	22.69	090
28050	.....	A	Biopsy of foot joint lining	4.25	9.52	6.11	0.55	14.32	10.91	090
28052	.....	A	Biopsy of foot joint lining	3.94	8.01	5.76	0.51	12.46	10.21	090
28054	.....	A	Biopsy of toe joint lining	3.45	7.70	5.50	0.45	11.60	9.40	090
28060	.....	A	Partial removal, foot fascia	5.23	8.72	6.51	0.69	14.64	12.43	090
28062	.....	A	Removal of foot fascia	6.52	9.27	6.87	0.85	16.64	14.24	090
28070	.....	A	Removal of foot joint lining	5.10	7.98	6.12	0.68	13.76	11.90	090
28072	.....	A	Removal of foot joint lining	4.58	8.84	6.67	0.64	14.06	11.89	090
28080	.....	A	Removal of foot lesion	3.58	7.82	5.51	0.50	11.90	9.59	090
28086	.....	A	Excise foot tendon sheath	4.78	11.87	7.11	0.66	17.31	12.55	090
28088	.....	A	Excise foot tendon sheath	3.86	9.97	6.62	0.52	14.35	11.00	090
28090	.....	A	Removal of foot lesion	4.41	8.12	5.64	0.57	13.10	10.62	090
28092	.....	A	Removal of toe lesions	3.64	8.17	6.08	0.46	12.27	10.18	090
28100	.....	A	Removal of ankle/heel lesion	5.66	13.07	7.70	0.76	19.49	14.12	090
28102	.....	A	Remove/graft foot lesion	7.73	NA	9.00	0.97	NA	17.70	090
28103	.....	A	Remove/graft foot lesion	6.50	8.76	6.93	0.89	16.15	14.32	090
28104	.....	A	Removal of foot lesion	5.12	8.49	6.76	0.69	14.30	12.57	090
28106	.....	A	Remove/graft foot lesion	7.16	NA	6.97	1.01	NA	15.14	090
28107	.....	A	Remove/graft foot lesion	5.56	9.96	7.13	0.74	16.26	13.43	090
28108	.....	A	Removal of toe lesions	4.16	7.49	5.36	0.52	12.17	10.04	090
28110	.....	A	Part removal of metatarsal	4.08	8.80	6.87	0.49	13.37	11.44	090
28111	.....	A	Part removal of metatarsal	5.01	9.09	7.69	0.63	14.73	13.33	090
28112	.....	A	Part removal of metatarsal	4.49	8.89	7.47	0.60	13.98	12.56	090
28113	.....	A	Part removal of metatarsal	4.79	8.92	7.13	0.63	14.34	12.55	090
28114	.....	A	Removal of metatarsal heads	9.79	12.36	10.85	1.36	23.51	22.00	090
28116	.....	A	Revision of foot	7.75	9.27	6.38	1.03	18.05	15.16	090
28118	.....	A	Removal of heel bone	5.96	9.37	7.24	0.79	16.12	13.99	090
28119	.....	A	Removal of heel spur	5.39	8.58	6.15	0.74	14.71	12.28	090
28120	.....	A	Part removal of ankle/heel	5.40	11.28	9.83	0.69	17.37	15.92	090
28122	.....	A	Partial removal of foot bone	7.29	10.94	9.50	0.96	19.19	17.75	090
28124	.....	A	Partial removal of toe	4.81	9.61	7.61	0.65	15.07	13.07	090
28126	.....	A	Partial removal of toe	3.52	8.37	6.76	0.49	12.38	10.77	090
28130	.....	A	Removal of ankle bone	8.11	NA	8.77	1.11	NA	17.99	090
28140	.....	A	Removal of metatarsal	6.91	10.40	7.92	0.84	18.15	15.67	090
28150	.....	A	Removal of toe	4.09	8.75	7.07	0.52	13.36	11.68	090
28153	.....	A	Partial removal of toe	3.66	8.39	6.22	0.49	12.54	10.37	090
28160	.....	A	Partial removal of toe	3.74	8.55	7.22	0.51	12.80	11.47	090
28171	.....	A	Extensive foot surgery	9.60	NA	8.27	1.13	NA	19.00	090
28173	.....	A	Extensive foot surgery	8.80	10.83	8.88	1.04	20.67	18.72	090
28175	.....	A	Extensive foot surgery	6.05	9.54	6.99	0.75	16.34	13.79	090
28190	.....	A	Removal of foot foreign body	1.96	6.54	3.53	0.16	8.66	5.65	010
28192	.....	A	Removal of foot foreign body	4.64	8.20	5.44	0.52	13.36	10.60	090
28193	.....	A	Removal of foot foreign body	5.73	8.94	6.67	0.63	15.30	13.03	090
28200	.....	A	Repair of foot tendon	4.60	8.47	6.32	0.59	13.66	11.51	090
28202	.....	A	Repair/graft of foot tendon	6.84	12.63	6.83	0.86	20.33	14.53	090
28208	.....	A	Repair of foot tendon	4.37	8.17	6.03	0.59	13.13	10.99	090
28210	.....	A	Repair/graft of foot tendon	6.35	9.83	6.38	0.77	16.95	13.50	090
28220	.....	A	Release of foot tendon	4.53	8.12	6.41	0.63	13.28	11.57	090
28222	.....	A	Release of foot tendons	5.62	8.40	6.77	0.77	14.79	13.16	090
28225	.....	A	Release of foot tendon	3.66	7.76	5.57	0.50	11.92	9.73	090
28226	.....	A	Release of foot tendons	4.53	8.30	6.66	0.62	13.45	11.81	090
28230	.....	A	Incision of foot tendon(s)	4.24	8.26	6.83	0.59	13.09	11.66	090
28232	.....	A	Incision of toe tendon	3.39	8.12	6.53	0.48	11.99	10.40	090
28234	.....	A	Incision of foot tendon	3.37	7.98	6.11	0.46	11.81	9.94	090
28238	.....	A	Revision of foot tendon	7.73	9.77	7.60	1.08	18.58	16.41	090
28240	.....	A	Release of big toe	4.36	8.17	6.40	0.61	13.14	11.37	090
28250	.....	A	Revision of foot fascia	5.92	9.05	7.12	0.81	15.78	13.85	090
28260	.....	A	Release of midfoot joint	7.96	11.04	8.08	1.08	20.08	17.12	090
28261	.....	A	Revision of foot tendon	11.73	11.16	9.64	1.66	24.55	23.03	090
28262	.....	A	Revision of foot and ankle	15.83	15.66	15.09	2.22	33.71	33.14	090
28264	.....	A	Release of midfoot joint	10.35	10.98	10.98	1.46	22.79	22.79	090
28270	.....	A	Release of foot contracture	4.76	8.75	7.43	0.67	14.18	12.86	090
28272	.....	A	Release of toe joint, each	3.80	7.70	5.50	0.52	12.02	9.82	090
28280	.....	A	Fusion of toes	5.19	8.39	6.77	0.72	14.30	12.68	090
28285	.....	A	Repair of hammertoe	4.59	8.79	6.76	0.64	14.02	11.99	090
28286	.....	A	Repair of hammertoe	4.56	8.78	6.75	0.64	13.98	11.95	090
28288	.....	A	Partial removal of foot bone	4.74	9.00	8.02	0.65	14.39	13.41	090
28289	.....	A	Repair hallux rigidus	7.04	10.54	9.75	0.96	18.54	17.75	090
28290	.....	A	Correction of bunion	5.66	9.55	8.81	0.79	16.00	15.26	090
28292	.....	A	Correction of bunion	7.04	9.82	7.69	0.98	17.84	15.71	090
28293	.....	A	Correction of bunion	9.15	10.67	8.02	1.28	21.10	18.45	090
28294	.....	A	Correction of bunion	8.56	10.52	8.30	1.16	20.24	18.02	090

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] +Indicates RVUs are not used for Medicare payment.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
28296		A	Correction of bunion	9.18	10.84	8.65	1.28	21.30	19.11	090
28297		A	Correction of bunion	9.18	12.80	10.25	1.31	23.29	20.74	090
28298		A	Correction of bunion	7.94	10.10	8.48	1.12	19.16	17.54	090
28299		A	Correction of bunion	10.58	11.55	9.21	1.24	23.37	21.03	090
28300		A	Incision of heel bone	9.54	14.15	9.43	1.31	25.00	20.28	090
28302		A	Incision of ankle bone	9.55	9.55	9.22	1.15	20.25	19.92	090
28304		A	Incision of midfoot bones	9.16	9.53	7.88	1.00	19.69	18.04	090
28305		A	Incise/graft midfoot bones	10.50	14.52	10.07	0.55	25.57	21.12	090
28306		A	Incision of metatarsal	5.86	8.84	6.51	0.81	15.51	13.18	090
28307		A	Incision of metatarsal	6.33	13.70	7.74	0.71	20.74	14.78	090
28308		A	Incision of metatarsal	5.29	7.97	5.60	0.74	14.00	11.63	090
28309		A	Incision of metatarsals	12.78	NA	11.08	1.64	NA	25.50	090
28310		A	Revision of big toe	5.43	9.00	6.93	0.76	15.19	13.12	090
28312		A	Revision of toe	4.55	8.66	7.87	0.62	13.83	13.04	090
28313		A	Repair deformity of toe	5.01	9.06	9.06	0.68	14.75	14.75	090
28315		A	Removal of sesamoid bone	4.86	7.95	5.82	0.66	13.47	11.34	090
28320		A	Repair of foot bones	9.18	NA	9.02	1.27	NA	19.47	090
28322		A	Repair of metatarsals	8.34	11.71	8.38	1.17	21.22	17.89	090
28340		A	Resect enlarged toe tissue	6.98	8.96	6.28	0.98	16.92	14.24	090
28341		A	Resect enlarged toe	8.41	9.55	6.88	1.18	19.14	16.47	090
28344		A	Repair extra toe(s)	4.26	7.38	4.86	0.60	12.24	9.72	090
28345		A	Repair webbed toe(s)	5.92	9.48	7.58	0.84	16.24	14.34	090
28360		A	Reconstruct cleft foot	13.34	NA	12.22	1.88	NA	27.44	090
28400		A	Treatment of heel fracture	2.16	5.76	4.74	0.29	8.21	7.19	090
28405		A	Treatment of heel fracture	4.57	6.66	5.87	0.63	11.86	11.07	090
28406		A	Treatment of heel fracture	6.31	NA	8.69	0.87	NA	15.87	090
28415		A	Treat heel fracture	15.97	NA	15.72	2.24	NA	33.93	090
28420		A	Treat/graft heel fracture	16.64	NA	15.95	2.29	NA	34.88	090
28430		A	Treatment of ankle fracture	2.09	5.25	4.26	0.27	7.61	6.62	090
28435		A	Treatment of ankle fracture	3.40	5.41	4.57	0.47	9.28	8.44	090
28436		A	Treatment of ankle fracture	4.71	NA	7.86	0.66	NA	13.23	090
28445		A	Treat ankle fracture	15.62	NA	13.94	1.29	NA	30.85	090
28450		A	Treat midfoot fracture, each	1.90	5.28	4.07	0.25	7.43	6.22	090
28455		A	Treat midfoot fracture, each	3.09	5.51	4.94	0.43	9.03	8.46	090
28456		A	Treat midfoot fracture	2.68	NA	6.27	0.36	NA	9.31	090
28465		A	Treat midfoot fracture, each	7.01	NA	8.25	0.87	NA	16.13	090
28470		A	Treat metatarsal fracture	1.99	4.52	3.41	0.26	6.77	5.66	090
28475		A	Treat metatarsal fracture	2.97	5.18	4.38	0.41	8.56	7.76	090
28476		A	Treat metatarsal fracture	3.38	NA	6.71	0.46	NA	10.55	090
28485		A	Treat metatarsal fracture	5.71	NA	8.16	0.80	NA	14.67	090
28490		A	Treat big toe fracture	1.09	2.76	2.21	0.13	3.98	3.43	090
28495		A	Treat big toe fracture	1.58	2.82	2.31	0.19	4.59	4.08	090
28496		A	Treat big toe fracture	2.33	11.10	4.58	0.32	13.75	7.23	090
28505		A	Treat big toe fracture	3.81	11.46	6.74	0.50	15.77	11.05	090
28510		A	Treatment of toe fracture	1.09	2.51	2.23	0.13	3.73	3.45	090
28515		A	Treatment of toe fracture	1.46	2.83	2.30	0.17	4.46	3.93	090
28525		A	Treat toe fracture	3.32	10.82	6.16	0.44	14.58	9.92	090
28530		A	Treat sesamoid bone fracture	1.06	2.91	2.91	0.13	4.10	4.10	090
28531		A	Treat sesamoid bone fracture	2.35	11.91	4.73	0.33	14.59	7.41	090
28540		A	Treat foot dislocation	2.04	3.75	3.75	0.24	6.03	6.03	090
28545		A	Treat foot dislocation	2.45	4.76	4.76	0.33	7.54	7.54	090
28546		A	Treat foot dislocation	3.20	12.55	6.31	0.46	16.21	9.97	090
28555		A	Repair foot dislocation	6.30	13.49	8.36	0.88	20.67	15.54	090
28570		A	Treat foot dislocation	1.66	3.67	3.67	0.22	5.55	5.55	090
28575		A	Treat foot dislocation	3.31	5.19	5.19	0.45	8.95	8.95	090
28576		A	Treat foot dislocation	4.17	12.06	6.85	0.56	16.79	11.58	090
28585		A	Repair foot dislocation	7.99	8.75	8.32	1.13	17.87	17.44	090
28600		A	Treat foot dislocation	1.89	4.32	3.89	0.24	6.45	6.02	090
28605		A	Treat foot dislocation	2.71	4.40	4.40	0.35	7.46	7.46	090
28606		A	Treat foot dislocation	4.90	16.14	7.09	0.68	21.72	12.67	090
28615		A	Repair foot dislocation	7.77	NA	9.45	1.09	NA	18.31	090
28630		A	Treat toe dislocation	1.70	2.35	2.35	0.17	4.22	4.22	010
28635		A	Treat toe dislocation	1.91	2.49	2.49	0.24	4.64	4.64	010
28636		A	Treat toe dislocation	2.77	4.81	3.22	0.39	7.97	6.38	010
28645		A	Repair toe dislocation	4.22	6.69	4.34	0.58	11.49	9.14	090
28660		A	Treat toe dislocation	1.23	3.11	2.60	0.11	4.45	3.94	010
28665		A	Treat toe dislocation	1.92	2.47	2.47	0.24	4.63	4.63	010
28666		A	Treat toe dislocation	2.66	13.30	3.00	0.38	16.34	6.04	010
28675		A	Repair of toe dislocation	2.92	9.48	4.90	0.41	12.81	8.23	090
28705		A	Fusion of foot bones	18.80	NA	15.67	2.13	NA	36.60	090
28715		A	Fusion of foot bones	13.10	NA	12.57	1.84	NA	27.51	090
28725		A	Fusion of foot bones	11.61	NA	11.48	1.63	NA	24.72	090
28730		A	Fusion of foot bones	10.76	NA	10.76	1.51	NA	23.03	090

[3] +Indicates RVUs are not used for Medicare payment.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
28735	.....	A	Fusion of foot bones	10.85	NA	10.45	1.51	NA	22.81	090
28737	.....	A	Revision of foot bones	9.64	NA	9.04	1.36	NA	20.04	090
28740	.....	A	Fusion of foot bones	8.02	13.03	8.94	1.13	22.18	18.09	090
28750	.....	A	Fusion of big toe joint	7.30	12.48	9.13	1.03	20.81	17.46	090
28755	.....	A	Fusion of big toe joint	4.74	8.52	6.42	0.66	13.92	11.82	090
28760	.....	A	Fusion of big toe joint	7.75	10.39	7.82	1.07	19.21	16.64	090
28800	.....	A	Amputation of midfoot	8.21	NA	8.90	0.98	NA	18.09	090
28805	.....	A	Amputation thru metatarsal	8.39	NA	9.00	0.97	NA	18.36	090
28810	.....	A	Amputation toe & metatarsal	6.21	NA	7.97	0.70	NA	14.88	090
28820	.....	A	Amputation of toe	4.41	9.91	7.16	0.51	14.83	12.08	090
28825	.....	A	Partial amputation of toe	3.59	10.12	6.95	0.43	14.14	10.97	090
28899	.....	C	Foot/toes surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
29000	.....	A	Application of body cast	2.25	2.71	1.67	0.30	5.26	4.22	000
29010	.....	A	Application of body cast	2.06	2.98	1.72	0.27	5.31	4.05	000
29015	.....	A	Application of body cast	2.41	3.17	1.93	0.21	5.79	4.55	000
29020	.....	A	Application of body cast	2.11	3.33	1.47	0.16	5.60	3.74	000
29025	.....	A	Application of body cast	2.40	3.32	1.86	0.26	5.98	4.52	000
29035	.....	A	Application of body cast	1.77	3.05	1.56	0.24	5.06	3.57	000
29040	.....	A	Application of body cast	2.22	2.54	1.49	0.35	5.11	4.06	000
29044	.....	A	Application of body cast	2.12	3.20	1.81	0.29	5.61	4.22	000
29046	.....	A	Application of body cast	2.41	3.31	2.04	0.34	6.06	4.79	000
29049	.....	A	Application of figure eight	0.89	1.07	0.57	0.12	2.08	1.58	000
29055	.....	A	Application of shoulder cast	1.78	2.40	1.42	0.24	4.42	3.44	000
29058	.....	A	Application of shoulder cast	1.31	1.33	0.73	0.14	2.78	2.18	000
29065	.....	A	Application of long arm cast	0.87	1.10	0.69	0.12	2.09	1.68	000
29075	.....	A	Application of forearm cast	0.77	1.05	0.63	0.11	1.93	1.51	000
29085	.....	A	Apply hand/wrist cast	0.87	1.10	0.62	0.11	2.08	1.60	000
29086	.....	A	Apply finger cast	0.62	0.81	0.50	0.07	1.50	1.19	000
29105	.....	A	Apply long arm splint	0.87	1.05	0.52	0.11	2.03	1.50	000
29125	.....	A	Apply forearm splint	0.59	0.88	0.41	0.06	1.53	1.06	000
29126	.....	A	Apply forearm splint	0.77	1.21	0.47	0.06	2.04	1.30	000
29130	.....	A	Application of finger splint	0.50	0.44	0.18	0.05	0.99	0.73	000
29131	.....	A	Application of finger splint	0.55	0.71	0.23	0.03	1.29	0.81	000
29200	.....	A	Strapping of chest	0.65	0.85	0.37	0.04	1.54	1.06	000
29220	.....	A	Strapping of low back	0.64	0.96	0.41	0.07	1.67	1.12	000
29240	.....	A	Strapping of shoulder	0.71	0.92	0.39	0.05	1.68	1.15	000
29260	.....	A	Strapping of elbow or wrist	0.55	0.85	0.35	0.04	1.44	0.94	000
29280	.....	A	Strapping of hand or finger	0.51	0.91	0.39	0.04	1.46	0.94	000
29305	.....	A	Application of hip cast	2.03	2.74	1.60	0.29	5.06	3.92	000
29325	.....	A	Application of hip casts	2.32	3.05	1.79	0.31	5.68	4.42	000
29345	.....	A	Application of long leg cast	1.40	1.51	1.02	0.19	3.10	2.61	000
29355	.....	A	Application of long leg cast	1.53	1.47	1.11	0.20	3.20	2.84	000
29358	.....	A	Apply long leg cast brace	1.43	1.72	1.07	0.19	3.34	2.69	000
29365	.....	A	Application of long leg cast	1.18	1.38	0.90	0.17	2.73	2.25	000
29405	.....	A	Apply short leg cast	0.86	1.03	0.66	0.12	2.01	1.64	000
29425	.....	A	Apply short leg cast	1.01	1.05	0.68	0.14	2.20	1.83	000
29435	.....	A	Apply short leg cast	1.18	1.35	0.88	0.17	2.70	2.23	000
29440	.....	A	Addition of walker to cast	0.57	0.61	0.26	0.07	1.25	0.90	000
29445	.....	A	Apply rigid leg cast	1.78	1.58	0.96	0.24	3.60	2.98	000
29450	.....	A	Application of leg cast	2.08	1.40	1.11	0.13	3.61	3.32	000
29505	.....	A	Application, long leg splint	0.69	1.10	0.48	0.06	1.85	1.23	000
29515	.....	A	Application lower leg splint	0.73	0.78	0.48	0.07	1.58	1.28	000
29520	.....	A	Strapping of hip	0.54	0.93	0.44	0.02	1.49	1.00	000
29530	.....	A	Strapping of knee	0.57	0.83	0.36	0.04	1.44	0.97	000
29540	.....	A	Strapping of ankle	0.51	0.40	0.32	0.04	0.95	0.87	000
29550	.....	A	Strapping of toes	0.47	0.40	0.29	0.05	0.92	0.81	000
29580	.....	A	Application of paste boot	0.57	0.61	0.36	0.05	1.23	0.98	000
29590	.....	A	Application of foot splint	0.76	0.50	0.30	0.06	1.32	1.12	000
29700	.....	A	Removal/revision of cast	0.57	0.81	0.28	0.07	1.45	0.92	000
29705	.....	A	Removal/revision of cast	0.76	0.73	0.39	0.10	1.59	1.25	000
29710	.....	A	Removal/revision of cast	1.34	1.50	0.66	0.17	3.01	2.17	000
29715	.....	A	Removal/revision of cast	0.94	0.98	0.29	0.08	2.00	1.31	000
29720	.....	A	Repair of body cast	0.68	0.95	0.36	0.10	1.73	1.14	000
29730	.....	A	Windowing of cast	0.75	0.71	0.36	0.10	1.56	1.21	000
29740	.....	A	Wedging of cast	1.12	1.02	0.46	0.15	2.29	1.73	000
29750	.....	A	Wedging of clubfoot cast	1.26	1.13	0.62	0.16	2.55	2.04	000
29799	.....	C	Casting/strapping procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
29800	.....	A	Jaw arthroscopy/surgery	6.43	NA	9.15	0.84	NA	16.42	090
29804	.....	A	Jaw arthroscopy/surgery	8.14	NA	8.73	0.66	NA	17.53	090
29805	.....	A	Shoulder arthroscopy, dx	5.89	3.23	3.23	0.83	9.95	9.95	090
29806	.....	A	Shoulder arthroscopy/surgery	14.37	NA	11.33	2.01	NA	27.71	090
29807	.....	A	Shoulder arthroscopy/surgery	13.90	NA	11.06	2.01	NA	26.97	090
29815	.....	D	Shoulder arthroscopy	0.00	NA	0.00	0.00	NA	0.00	090

[3] +Indicates RVUs are not used for Medicare payment.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
29819	.....	A	Shoulder arthroscopy/surgery	7.62	NA	9.82	1.07	NA	18.51	090
29820	.....	A	Shoulder arthroscopy/surgery	7.07	NA	9.55	0.99	NA	17.61	090
29821	.....	A	Shoulder arthroscopy/surgery	7.72	NA	9.84	1.08	NA	18.64	090
29822	.....	A	Shoulder arthroscopy/surgery	7.43	NA	9.75	1.04	NA	18.22	090
29823	.....	A	Shoulder arthroscopy/surgery	8.17	NA	10.14	1.15	NA	19.46	090
29824	.....	A	Shoulder arthroscopy/surgery	8.25	NA	7.48	1.16	NA	16.89	090
29825	.....	A	Shoulder arthroscopy/surgery	7.62	NA	9.80	1.06	NA	18.48	090
29826	.....	A	Shoulder arthroscopy/surgery	8.99	NA	10.65	1.26	NA	20.90	090
29830	.....	A	Elbow arthroscopy	5.76	NA	6.14	0.79	NA	12.69	090
29834	.....	A	Elbow arthroscopy/surgery	6.28	NA	6.94	0.86	NA	14.08	090
29835	.....	A	Elbow arthroscopy/surgery	6.48	NA	6.95	0.88	NA	14.31	090
29836	.....	A	Elbow arthroscopy/surgery	7.55	NA	7.62	1.06	NA	16.23	090
29837	.....	A	Elbow arthroscopy/surgery	6.87	NA	7.30	0.96	NA	15.13	090
29838	.....	A	Elbow arthroscopy/surgery	7.71	NA	7.73	1.07	NA	16.51	090
29840	.....	A	Wrist arthroscopy	5.54	NA	8.38	0.69	NA	14.61	090
29843	.....	A	Wrist arthroscopy/surgery	6.01	NA	8.70	0.82	NA	15.53	090
29844	.....	A	Wrist arthroscopy/surgery	6.37	NA	8.96	0.86	NA	16.19	090
29845	.....	A	Wrist arthroscopy/surgery	7.52	NA	9.56	0.84	NA	17.92	090
29846	.....	A	Wrist arthroscopy/surgery	6.75	NA	11.67	0.89	NA	19.31	090
29847	.....	A	Wrist arthroscopy/surgery	7.08	NA	11.85	0.91	NA	19.84	090
29848	.....	A	Wrist endoscopy/surgery	5.44	NA	8.46	0.72	NA	14.62	090
29850	.....	A	Knee arthroscopy/surgery	8.19	NA	7.49	0.74	NA	16.42	090
29851	.....	A	Knee arthroscopy/surgery	13.10	NA	12.00	1.81	NA	26.91	090
29855	.....	A	Tibial arthroscopy/surgery	10.62	NA	10.55	1.50	NA	22.67	090
29856	.....	A	Tibial arthroscopy/surgery	14.14	NA	12.49	2.00	NA	28.63	090
29860	.....	A	Hip arthroscopy, dx	8.05	NA	8.05	1.14	NA	17.24	090
29861	.....	A	Hip arthroscopy/surgery	9.15	NA	8.71	1.29	NA	19.15	090
29862	.....	A	Hip arthroscopy/surgery	9.90	NA	9.75	1.39	NA	21.04	090
29863	.....	A	Hip arthroscopy/surgery	9.90	NA	10.31	1.40	NA	21.61	090
29870	.....	A	Knee arthroscopy, dx	5.07	NA	6.27	0.67	NA	12.01	090
29871	.....	A	Knee arthroscopy/drainage	6.55	NA	8.38	0.88	NA	15.81	090
29874	.....	A	Knee arthroscopy/surgery	7.05	NA	8.15	0.87	NA	16.07	090
29875	.....	A	Knee arthroscopy/surgery	6.31	NA	7.69	0.88	NA	14.88	090
29876	.....	A	Knee arthroscopy/surgery	7.92	NA	9.19	1.11	NA	18.22	090
29877	.....	A	Knee arthroscopy/surgery	7.35	NA	8.29	1.03	NA	16.67	090
29879	.....	A	Knee arthroscopy/surgery	8.04	NA	8.68	1.13	NA	17.85	090
29880	.....	A	Knee arthroscopy/surgery	8.50	NA	8.95	1.19	NA	18.64	090
29881	.....	A	Knee arthroscopy/surgery	7.76	NA	8.53	1.09	NA	17.38	090
29882	.....	A	Knee arthroscopy/surgery	8.65	NA	9.01	1.09	NA	18.75	090
29883	.....	A	Knee arthroscopy/surgery	11.05	NA	10.41	1.33	NA	22.79	090
29884	.....	A	Knee arthroscopy/surgery	7.33	NA	8.87	1.03	NA	17.23	090
29885	.....	A	Knee arthroscopy/surgery	9.09	NA	9.85	1.27	NA	20.21	090
29886	.....	A	Knee arthroscopy/surgery	7.54	NA	8.99	1.06	NA	17.59	090
29887	.....	A	Knee arthroscopy/surgery	9.04	NA	9.83	1.27	NA	20.14	090
29888	.....	A	Knee arthroscopy/surgery	13.90	NA	12.50	1.95	NA	28.35	090
29889	.....	A	Knee arthroscopy/surgery	16.00	NA	13.71	2.11	NA	31.82	090
29891	.....	A	Ankle arthroscopy/surgery	8.40	NA	8.92	1.17	NA	18.49	090
29892	.....	A	Ankle arthroscopy/surgery	9.00	NA	9.04	1.26	NA	19.30	090
29893	.....	A	Scope, plantar fasciotomy	5.22	NA	5.56	0.74	NA	11.52	090
29894	.....	A	Ankle arthroscopy/surgery	7.21	NA	8.04	1.01	NA	16.26	090
29895	.....	A	Ankle arthroscopy/surgery	6.99	NA	8.01	0.97	NA	15.97	090
29897	.....	A	Ankle arthroscopy/surgery	7.18	NA	8.73	1.01	NA	16.92	090
29898	.....	A	Ankle arthroscopy/surgery	8.32	NA	8.79	1.14	NA	18.25	090
29900	.....	A	Mcp joint arthroscopy, dx	5.42	NA	5.88	0.69	NA	11.99	090
29901	.....	A	Mcp joint arthroscopy, surg	6.13	NA	6.28	0.81	NA	13.22	090
29902	.....	A	Mcp joint arthroscopy, surg	6.70	NA	6.60	0.89	NA	14.19	090
29909	.....	D	Arthroscopy of joint	0.00	0.00	0.00	0.00	0.00	0.00	YYY
29999	.....	C	Arthroscopy of joint	0.00	0.00	0.00	0.00	0.00	0.00	YYY
30000	.....	A	Drainage of nose lesion	1.43	2.53	1.51	0.10	4.06	3.04	010
30020	.....	A	Drainage of nose lesion	1.43	2.64	1.57	0.08	4.15	3.08	010
30100	.....	A	Intranasal biopsy	0.94	1.34	0.53	0.06	2.34	1.53	000
30110	.....	A	Removal of nose polyp(s)	1.63	2.80	0.88	0.12	4.55	2.63	010
30115	.....	A	Removal of nose polyp(s)	4.35	NA	4.54	0.31	NA	9.20	090
30117	.....	A	Removal of intranasal lesion	3.16	4.95	3.20	0.22	8.33	6.58	090
30118	.....	A	Removal of intranasal lesion	9.69	NA	8.55	0.66	NA	18.90	090
30120	.....	A	Revision of nose	5.27	5.71	5.71	0.41	11.39	11.39	090
30124	.....	A	Removal of nose lesion	3.10	NA	3.31	0.20	NA	6.61	090
30125	.....	A	Removal of nose lesion	7.16	NA	6.61	0.54	NA	14.31	090
30130	.....	A	Removal of turbinate bones	3.38	NA	3.99	0.22	NA	7.59	090
30140	.....	A	Removal of turbinate bones	3.43	NA	4.61	0.24	NA	8.28	090
30150	.....	A	Partial removal of nose	9.14	NA	8.83	0.76	NA	18.73	090
30160	.....	A	Removal of nose	9.58	NA	8.79	0.78	NA	19.15	090
30200	.....	A	Injection treatment of nose	0.78	1.23	0.46	0.06	2.07	1.30	000

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[3] +Indicates RVUs are not used for Medicare payment.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
30210	.....	A	Nasal sinus therapy	1.08	2.15	0.61	0.08	3.31	1.77	010
30220	.....	A	Insert nasal septal button	1.54	2.52	0.84	0.11	4.17	2.49	010
30300	.....	A	Remove nasal foreign body	1.04	2.62	0.37	0.07	3.73	1.48	010
30310	.....	A	Remove nasal foreign body	1.96	NA	1.92	0.14	NA	4.02	010
30320	.....	A	Remove nasal foreign body	4.52	NA	5.26	0.36	NA	10.14	090
30400	.....	R	Reconstruction of nose	9.83	NA	8.95	0.80	NA	19.58	090
30410	.....	R	Reconstruction of nose	12.98	NA	10.45	1.08	NA	24.51	090
30420	.....	R	Reconstruction of nose	15.88	NA	12.50	1.24	NA	29.62	090
30430	.....	R	Revision of nose	7.21	NA	7.40	0.62	NA	15.23	090
30435	.....	R	Revision of nose	11.71	NA	10.68	1.10	NA	23.49	090
30450	.....	R	Revision of nose	18.65	NA	14.37	1.53	NA	34.55	090
30460	.....	A	Revision of nose	9.96	NA	9.16	0.85	NA	19.97	090
30462	.....	A	Revision of nose	19.57	NA	14.30	1.92	NA	35.79	090
30465	.....	A	Repair nasal stenosis	11.64	NA	9.58	0.97	NA	22.19	090
30520	.....	A	Repair of nasal septum	5.70	NA	5.93	0.41	NA	12.04	090
30540	.....	A	Repair nasal defect	7.75	NA	6.71	0.53	NA	14.99	090
30545	.....	A	Repair nasal defect	11.38	NA	9.19	0.80	NA	21.37	090
30560	.....	A	Release of nasal adhesions	1.26	2.37	1.52	0.09	3.72	2.87	010
30580	.....	A	Repair upper jaw fistula	6.69	5.00	5.00	0.50	12.19	12.19	090
30600	.....	A	Repair mouth/nose fistula	6.02	4.90	4.90	0.70	11.62	11.62	090
30620	.....	A	Intranasal reconstruction	5.97	NA	6.69	0.45	NA	13.11	090
30630	.....	A	Repair nasal septum defect	7.12	NA	7.23	0.51	NA	14.86	090
30801	.....	A	Cauterization, inner nose	1.09	2.57	2.31	0.08	3.74	3.48	010
30802	.....	A	Cauterization, inner nose	2.03	3.14	2.87	0.15	5.32	5.05	010
30901	.....	A	Control of nosebleed	1.21	1.43	0.34	0.09	2.73	1.64	000
30903	.....	A	Control of nosebleed	1.54	3.20	0.53	0.12	4.86	2.19	000
30905	.....	A	Control of nosebleed	1.97	3.85	0.80	0.15	5.97	2.92	000
30906	.....	A	Repeat control of nosebleed	2.45	4.27	1.27	0.17	6.89	3.89	000
30915	.....	A	Ligation, nasal sinus artery	7.20	NA	7.13	0.50	NA	14.83	090
30920	.....	A	Ligation, upper jaw artery	9.83	NA	8.64	0.69	NA	19.16	090
30930	.....	A	Therapy, fracture of nose	1.26	NA	2.17	0.09	NA	3.52	010
30999	.....	C	Nasal surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
31000	.....	A	Irrigation, maxillary sinus	1.15	2.43	0.66	0.08	3.66	1.89	010
31002	.....	A	Irrigation, sphenoid sinus	1.91	NA	2.07	0.14	NA	4.12	010
31020	.....	A	Exploration, maxillary sinus	2.94	4.20	3.68	0.20	7.34	6.82	090
31030	.....	A	Exploration, maxillary sinus	5.92	4.85	4.68	0.42	11.19	11.02	090
31032	.....	A	Explore sinus,remove polyps	6.57	NA	6.16	0.47	NA	13.20	090
31040	.....	A	Exploration behind upper jaw	9.42	NA	7.34	0.71	NA	17.47	090
31050	.....	A	Exploration, sphenoid sinus	5.28	NA	5.12	0.39	NA	10.79	090
31051	.....	A	Sphenoid sinus surgery	7.11	NA	6.66	0.55	NA	14.32	090
31070	.....	A	Exploration of frontal sinus	4.28	NA	5.04	0.30	NA	9.62	090
31075	.....	A	Exploration of frontal sinus	9.16	NA	8.38	0.64	NA	18.18	090
31080	.....	A	Removal of frontal sinus	11.42	NA	9.13	0.78	NA	21.33	090
31081	.....	A	Removal of frontal sinus	12.75	NA	9.97	1.84	NA	24.56	090
31084	.....	A	Removal of frontal sinus	13.51	NA	10.76	0.96	NA	25.23	090
31085	.....	A	Removal of frontal sinus	14.20	NA	11.12	1.18	NA	26.50	090
31086	.....	A	Removal of frontal sinus	12.86	NA	10.50	0.90	NA	24.26	090
31087	.....	A	Removal of frontal sinus	13.10	NA	10.32	1.15	NA	24.57	090
31090	.....	A	Exploration of sinuses	9.53	NA	9.05	0.66	NA	19.24	090
31200	.....	A	Removal of ethmoid sinus	4.97	NA	5.86	0.25	NA	11.08	090
31201	.....	A	Removal of ethmoid sinus	8.37	NA	7.91	0.58	NA	16.86	090
31205	.....	A	Removal of ethmoid sinus	10.24	NA	8.66	0.58	NA	19.48	090
31225	.....	A	Removal of upper jaw	19.23	NA	15.42	1.38	NA	36.03	090
31230	.....	A	Removal of upper jaw	21.94	NA	17.21	1.57	NA	40.72	090
31231	.....	A	Nasal endoscopy, dx	1.10	2.01	0.61	0.08	3.19	1.79	000
31233	.....	A	Nasal/sinus endoscopy, dx	2.18	2.66	1.24	0.16	5.00	3.58	000
31235	.....	A	Nasal/sinus endoscopy, dx	2.64	2.93	1.49	0.18	5.75	4.31	000
31237	.....	A	Nasal/sinus endoscopy, surg	2.98	3.22	1.66	0.21	6.41	4.85	000
31238	.....	A	Nasal/sinus endoscopy, surg	3.26	3.75	1.89	0.23	7.24	5.38	000
31239	.....	A	Nasal/sinus endoscopy, surg	8.70	NA	6.72	0.46	NA	15.88	010
31240	.....	A	Nasal/sinus endoscopy, surg	2.61	NA	1.62	0.18	NA	4.41	000
31254	.....	A	Revision of ethmoid sinus	4.65	NA	2.79	0.32	NA	7.76	000
31255	.....	A	Removal of ethmoid sinus	6.96	NA	4.14	0.49	NA	11.59	000
31256	.....	A	Exploration maxillary sinus	3.29	NA	2.01	0.23	NA	5.53	000
31267	.....	A	Endoscopy, maxillary sinus	5.46	NA	3.27	0.38	NA	9.11	000
31276	.....	A	Sinus endoscopy, surgical	8.85	NA	5.24	0.62	NA	14.71	000
31287	.....	A	Nasal/sinus endoscopy, surg	3.92	NA	2.37	0.27	NA	6.56	000
31288	.....	A	Nasal/sinus endoscopy, surg	4.58	NA	2.75	0.32	NA	7.65	000
31290	.....	A	Nasal/sinus endoscopy, surg	17.24	NA	11.86	1.20	NA	30.30	010
31291	.....	A	Nasal/sinus endoscopy, surg	18.19	NA	12.28	1.73	NA	32.20	010
31292	.....	A	Nasal/sinus endoscopy, surg	14.76	NA	10.36	0.99	NA	26.11	010
31293	.....	A	Nasal/sinus endoscopy, surg	16.21	NA	11.16	0.97	NA	28.34	010
31294	.....	A	Nasal/sinus endoscopy, surg	19.06	NA	12.46	1.04	NA	32.56	010

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
31299	.....	C	Sinus surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
31300	.....	A	Removal of larynx lesion	14.29	NA	17.46	0.99	NA	32.74	090
31320	.....	A	Diagnostic incision, larynx	5.26	NA	12.54	0.40	NA	18.20	090
31360	.....	A	Removal of larynx	17.08	NA	19.24	1.20	NA	37.52	090
31365	.....	A	Removal of larynx	24.16	NA	23.20	1.72	NA	49.08	090
31367	.....	A	Partial removal of larynx	21.86	NA	23.92	1.57	NA	47.35	090
31368	.....	A	Partial removal of larynx	27.09	NA	28.64	1.90	NA	57.63	090
31370	.....	A	Partial removal of larynx	21.38	NA	23.46	1.51	NA	46.35	090
31375	.....	A	Partial removal of larynx	20.21	NA	21.16	1.43	NA	42.80	090
31380	.....	A	Partial removal of larynx	20.21	NA	21.41	1.40	NA	43.02	090
31382	.....	A	Partial removal of larynx	20.52	NA	23.06	1.44	NA	45.02	090
31390	.....	A	Removal of larynx & pharynx	27.53	NA	28.90	1.95	NA	58.38	090
31395	.....	A	Reconstruct larynx & pharynx	31.09	NA	35.02	2.27	NA	68.38	090
31400	.....	A	Revision of larynx	10.31	NA	15.75	0.72	NA	26.78	090
31420	.....	A	Removal of epiglottis	10.22	NA	15.60	0.71	NA	26.53	090
31500	.....	A	Insert emergency airway	2.33	NA	0.69	0.15	NA	3.17	000
31502	.....	A	Change of windpipe airway	0.65	1.97	0.27	0.04	2.66	0.96	000
31505	.....	A	Diagnostic laryngoscopy	0.61	1.85	0.35	0.04	2.50	1.00	000
31510	.....	A	Laryngoscopy with biopsy	1.92	2.86	1.04	0.15	4.93	3.11	000
31511	.....	A	Remove foreign body, larynx	2.16	3.15	0.75	0.16	5.47	3.07	000
31512	.....	A	Removal of larynx lesion	2.07	3.00	1.10	0.16	5.23	3.33	000
31513	.....	A	Injection into vocal cord	2.10	NA	1.32	0.15	NA	3.57	000
31515	.....	A	Laryngoscopy for aspiration	1.80	2.30	0.90	0.12	4.22	2.82	000
31520	.....	A	Diagnostic laryngoscopy	2.56	NA	1.41	0.17	NA	4.14	000
31525	.....	A	Diagnostic laryngoscopy	2.63	2.94	1.53	0.18	5.75	4.34	000
31526	.....	A	Diagnostic laryngoscopy	2.57	NA	1.59	0.18	NA	4.34	000
31527	.....	A	Laryngoscopy for treatment	3.27	NA	1.77	0.21	NA	5.25	000
31528	.....	A	Laryngoscopy and dilation	2.37	NA	1.24	0.16	NA	3.77	000
31529	.....	A	Laryngoscopy and dilation	2.68	NA	1.62	0.18	NA	4.48	000
31530	.....	A	Operative laryngoscopy	3.39	NA	1.89	0.24	NA	5.52	000
31531	.....	A	Operative laryngoscopy	3.59	NA	2.18	0.25	NA	6.02	000
31535	.....	A	Operative laryngoscopy	3.16	NA	1.88	0.22	NA	5.26	000
31536	.....	A	Operative laryngoscopy	3.56	NA	2.16	0.25	NA	5.97	000
31540	.....	A	Operative laryngoscopy	4.13	NA	2.48	0.29	NA	6.90	000
31541	.....	A	Operative laryngoscopy	4.53	NA	2.72	0.32	NA	7.57	000
31560	.....	A	Operative laryngoscopy	5.46	NA	3.11	0.38	NA	8.95	000
31561	.....	A	Operative laryngoscopy	6.00	NA	2.96	0.42	NA	9.38	000
31570	.....	A	Laryngoscopy with injection	3.87	3.97	2.31	0.24	8.08	6.42	000
31571	.....	A	Laryngoscopy with injection	4.27	NA	2.46	0.30	NA	7.03	000
31575	.....	A	Diagnostic laryngoscopy	1.10	2.08	0.59	0.08	3.26	1.77	000
31576	.....	A	Laryngoscopy with biopsy	1.97	2.26	1.08	0.13	4.36	3.18	000
31577	.....	A	Remove foreign body, larynx	2.47	2.90	1.31	0.17	5.54	3.95	000
31578	.....	A	Removal of larynx lesion	2.84	3.13	1.62	0.20	6.17	4.66	000
31579	.....	A	Diagnostic laryngoscopy	2.26	2.97	1.27	0.16	5.39	3.69	000
31580	.....	A	Revision of larynx	12.38	NA	16.85	0.87	NA	30.10	090
31582	.....	A	Revision of larynx	21.62	NA	22.06	1.52	NA	45.20	090
31584	.....	A	Treat larynx fracture	19.64	NA	19.05	1.42	NA	40.11	090
31585	.....	A	Treat larynx fracture	4.64	NA	8.92	0.30	NA	13.86	090
31586	.....	A	Treat larynx fracture	8.03	NA	12.71	0.56	NA	21.30	090
31587	.....	A	Revision of larynx	11.99	NA	14.77	0.88	NA	27.64	090
31588	.....	A	Revision of larynx	13.11	NA	17.21	0.92	NA	31.24	090
31590	.....	A	Reinnervate larynx	6.97	NA	12.63	0.50	NA	20.10	090
31595	.....	A	Larynx nerve surgery	8.34	NA	11.90	0.62	NA	20.86	090
31599	.....	C	Larynx surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
31600	.....	A	Incision of windpipe	7.18	NA	3.15	0.34	NA	10.67	000
31601	.....	A	Incision of windpipe	4.45	NA	2.20	0.39	NA	7.04	000
31603	.....	A	Incision of windpipe	4.15	NA	1.88	0.35	NA	6.38	000
31605	.....	A	Incision of windpipe	3.58	NA	1.24	0.33	NA	5.15	000
31610	.....	A	Incision of windpipe	8.76	NA	10.98	0.69	NA	20.43	090
31611	.....	A	Surgery/speech prosthesis	5.64	NA	10.28	0.40	NA	16.32	090
31612	.....	A	Puncture/clear windpipe	0.91	1.53	0.48	0.06	2.50	1.45	000
31613	.....	A	Repair windpipe opening	4.59	NA	8.94	0.37	NA	13.90	090
31614	.....	A	Repair windpipe opening	7.12	NA	12.47	0.51	NA	20.10	090
31615	.....	A	Visualization of windpipe	2.09	3.76	1.20	0.14	5.99	3.43	000
31622	.....	A	Dx bronchoscope/wash	2.78	3.69	1.20	0.14	6.61	4.12	000
31623	.....	A	Dx bronchoscope/brush	2.88	2.97	1.17	0.14	5.99	4.19	000
31624	.....	A	Dx bronchoscope/lavage	2.88	2.75	1.17	0.13	5.76	4.18	000
31625	.....	A	Bronchoscopy with biopsy	3.37	2.96	1.34	0.16	6.49	4.87	000
31628	.....	A	Bronchoscopy with biopsy	3.81	3.38	1.45	0.14	7.33	5.40	000
31629	.....	A	Bronchoscopy with biopsy	3.37	NA	1.32	0.13	NA	4.82	000
31630	.....	A	Bronchoscopy with repair	3.82	NA	1.99	0.30	NA	6.11	000
31631	.....	A	Bronchoscopy with dilation	4.37	NA	2.04	0.31	NA	6.72	000
31635	.....	A	Remove foreign body, airway	3.68	NA	1.70	0.21	NA	5.59	000

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
31640		A	Bronchoscopy & remove lesion	4.94	NA	2.36	0.37	NA	7.67	000
31641		A	Bronchoscopy, treat blockage	5.03	NA	2.20	0.30	NA	7.53	000
31643		A	Diag bronchoscope/catheter	3.50	1.17	1.17	0.15	4.82	4.82	000
31645		A	Bronchoscopy, clear airways	3.16	NA	1.27	0.13	NA	4.56	000
31646		A	Bronchoscopy, reclear airway	2.72	NA	1.12	0.12	NA	3.96	000
31656		A	Bronchoscopy, inj for xray	2.17	NA	1.05	0.10	NA	3.32	000
31700		A	Insertion of airway catheter	1.34	3.44	0.68	0.07	4.85	2.09	000
31708		A	Instill airway contrast dye	1.41	NA	0.64	0.06	NA	2.11	000
31710		A	Insertion of airway catheter	1.30	NA	0.75	0.06	NA	2.11	000
31715		A	Injection for bronchus x-ray	1.11	NA	0.73	0.06	NA	1.90	000
31717		A	Bronchial brush biopsy	2.12	3.25	0.89	0.09	5.46	3.10	000
31720		A	Clearance of airways	1.06	1.90	0.35	0.06	3.02	1.47	000
31725		A	Clearance of airways	1.96	NA	0.61	0.10	NA	2.67	000
31730		A	Intro, windpipe wire/tube	2.85	2.54	1.13	0.15	5.54	4.13	000
31750		A	Repair of windpipe	13.02	NA	16.22	1.02	NA	30.26	090
31755		A	Repair of windpipe	15.93	NA	19.27	1.15	NA	36.35	090
31760		A	Repair of windpipe	22.35	NA	12.79	1.48	NA	36.62	090
31766		A	Reconstruction of windpipe	30.43	NA	15.03	3.16	NA	48.62	090
31770		A	Repair/graft of bronchus	22.51	NA	15.67	2.27	NA	40.45	090
31775		A	Reconstruct bronchus	23.54	NA	15.14	2.91	NA	41.59	090
31780		A	Reconstruct windpipe	17.72	NA	12.97	1.55	NA	32.24	090
31781		A	Reconstruct windpipe	23.53	NA	15.49	2.04	NA	41.06	090
31785		A	Remove windpipe lesion	17.23	NA	13.05	1.36	NA	31.64	090
31786		A	Remove windpipe lesion	23.98	NA	14.41	2.20	NA	40.59	090
31800		A	Repair of windpipe injury	7.43	NA	6.81	0.67	NA	14.91	090
31805		A	Repair of windpipe injury	13.13	NA	10.72	1.45	NA	25.30	090
31820		A	Closure of windpipe lesion	4.49	8.24	8.07	0.35	13.08	12.91	090
31825		A	Repair of windpipe defect	6.81	10.86	10.86	0.50	18.17	18.17	090
31830		A	Revise windpipe scar	4.50	7.82	7.82	0.36	12.68	12.68	090
31899		C	Airways surgical procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
32000		A	Drainage of chest	1.54	3.10	0.51	0.07	4.71	2.12	000
32002		A	Treatment of collapsed lung	2.19	NA	0.87	0.11	NA	3.17	000
32005		A	Treat lung lining chemically	2.19	NA	0.88	0.17	NA	3.24	000
32020		A	Insertion of chest tube	3.98	NA	1.48	0.36	NA	5.82	000
32035		A	Exploration of chest	8.67	NA	7.83	1.02	NA	17.52	090
32036		A	Exploration of chest	9.68	NA	8.39	1.20	NA	19.27	090
32095		A	Biopsy through chest wall	8.36	NA	8.05	0.99	NA	17.40	090
32100		A	Exploration/biopsy of chest	15.24	NA	10.30	1.45	NA	26.99	090
32110		A	Explore/repair chest	23.00	NA	12.72	1.63	NA	37.35	090
32120		A	Re-exploration of chest	11.54	NA	9.34	1.42	NA	22.30	090
32124		A	Explore chest free adhesions	12.72	NA	9.53	1.51	NA	23.76	090
32140		A	Removal of lung lesion(s)	13.93	NA	9.79	1.68	NA	25.40	090
32141		A	Remove/treat lung lesions	14.00	NA	9.98	1.72	NA	25.70	090
32150		A	Removal of lung lesion(s)	14.15	NA	9.70	1.60	NA	25.45	090
32151		A	Remove lung foreign body	14.21	NA	10.20	1.49	NA	25.90	090
32160		A	Open chest heart massage	9.30	NA	6.34	1.01	NA	16.65	090
32200		A	Drain, open, lung lesion	15.29	NA	10.08	1.46	NA	26.83	090
32201		A	Drain, percut, lung lesion	4.00	NA	5.67	0.18	NA	9.85	000
32215		A	Treat chest lining	11.33	NA	9.16	1.34	NA	21.83	090
32220		A	Release of lung	24.00	NA	13.56	2.39	NA	39.95	090
32225		A	Partial release of lung	13.96	NA	9.95	1.70	NA	25.61	090
32310		A	Removal of chest lining	13.44	NA	9.86	1.65	NA	24.95	090
32320		A	Free/remove chest lining	24.00	NA	13.21	2.50	NA	39.71	090
32400		A	Needle biopsy chest lining	1.76	1.89	0.59	0.07	3.72	2.42	000
32402		A	Open biopsy chest lining	7.56	NA	7.76	0.91	NA	16.23	090
32405		A	Biopsy, lung or mediastinum	1.93	2.33	0.67	0.09	4.35	2.69	000
32420		A	Puncture/clear lung	2.18	NA	0.88	0.11	NA	3.17	000
32440		A	Removal of lung	25.00	NA	13.57	2.56	NA	41.13	090
32442		A	Sleeve pneumonectomy	26.24	NA	14.35	3.12	NA	43.71	090
32445		A	Removal of lung	25.09	NA	13.83	3.11	NA	42.03	090
32480		A	Partial removal of lung	23.75	NA	12.78	2.24	NA	38.77	090
32482		A	Bilobectomy	25.00	NA	13.39	2.35	NA	40.74	090
32484		A	Segmentectomy	20.69	NA	11.97	2.54	NA	35.20	090
32486		A	Sleeve lobectomy	23.92	NA	13.32	3.00	NA	40.24	090
32488		A	Completion pneumonectomy	25.71	NA	13.89	3.18	NA	42.78	090
32491		R	Lung volume reduction	21.25	NA	12.67	2.66	NA	36.58	090
32500		A	Partial removal of lung	22.00	NA	12.70	1.77	NA	36.47	090
32501		A	Repair bronchus add-on	4.69	NA	1.59	0.56	NA	6.84	ZZZ
32520		A	Remove lung & revise chest	21.68	NA	12.56	2.71	NA	36.95	090
32522		A	Remove lung & revise chest	24.20	NA	13.63	2.84	NA	40.67	090
32525		A	Remove lung & revise chest	26.50	NA	14.22	3.25	NA	43.97	090
32540		A	Removal of lung lesion	14.64	NA	9.99	1.84	NA	26.47	090
32601		A	Thoracoscopy, diagnostic	5.46	NA	3.60	0.63	NA	9.69	000

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
32602	.....	A	Thoracoscopy, diagnostic	5.96	NA	3.72	0.70	NA	10.38	000
32603	.....	A	Thoracoscopy, diagnostic	7.81	NA	4.33	0.76	NA	12.90	000
32604	.....	A	Thoracoscopy, diagnostic	8.78	NA	4.79	0.97	NA	14.54	000
32605	.....	A	Thoracoscopy, diagnostic	6.93	NA	4.19	0.86	NA	11.98	000
32606	.....	A	Thoracoscopy, diagnostic	8.40	NA	4.55	0.99	NA	13.94	000
32650	.....	A	Thoracoscopy, surgical	10.75	NA	8.47	1.25	NA	20.47	090
32651	.....	A	Thoracoscopy, surgical	12.91	NA	8.84	1.50	NA	23.25	090
32652	.....	A	Thoracoscopy, surgical	18.66	NA	11.16	2.30	NA	32.12	090
32653	.....	A	Thoracoscopy, surgical	12.87	NA	9.15	1.55	NA	23.57	090
32654	.....	A	Thoracoscopy, surgical	12.44	NA	7.53	1.51	NA	21.48	090
32655	.....	A	Thoracoscopy, surgical	13.10	NA	8.86	1.53	NA	23.49	090
32656	.....	A	Thoracoscopy, surgical	12.91	NA	9.53	1.61	NA	24.05	090
32657	.....	A	Thoracoscopy, surgical	13.65	NA	9.36	1.64	NA	24.65	090
32658	.....	A	Thoracoscopy, surgical	11.63	NA	9.05	1.47	NA	22.15	090
32659	.....	A	Thoracoscopy, surgical	11.59	NA	9.10	1.39	NA	22.08	090
32660	.....	A	Thoracoscopy, surgical	17.43	NA	10.53	2.09	NA	30.05	090
32661	.....	A	Thoracoscopy, surgical	13.25	NA	9.15	1.66	NA	24.06	090
32662	.....	A	Thoracoscopy, surgical	16.44	NA	10.59	2.01	NA	29.04	090
32663	.....	A	Thoracoscopy, surgical	18.47	NA	11.22	2.28	NA	31.97	090
32664	.....	A	Thoracoscopy, surgical	14.20	NA	9.43	1.70	NA	25.33	090
32665	.....	A	Thoracoscopy, surgical	15.54	NA	9.18	1.79	NA	26.51	090
32800	.....	A	Repair lung hernia	13.69	NA	10.05	1.51	NA	25.25	090
32810	.....	A	Close chest after drainage	13.05	NA	10.05	1.55	NA	24.65	090
32815	.....	A	Close bronchial fistula	23.15	NA	13.32	2.84	NA	39.31	090
32820	.....	A	Reconstruct injured chest	21.48	NA	13.99	2.31	NA	37.78	090
32850	.....	X	Donor pneumonectomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
32851	.....	A	Lung transplant, single	38.63	NA	19.94	4.90	NA	63.47	090
32852	.....	A	Lung transplant with bypass	41.80	NA	21.40	5.17	NA	68.37	090
32853	.....	A	Lung transplant, double	47.81	NA	23.49	6.13	NA	77.43	090
32854	.....	A	Lung transplant with bypass	50.98	NA	24.35	6.41	NA	81.74	090
32900	.....	A	Removal of rib(s)	20.27	NA	12.27	2.42	NA	34.96	090
32905	.....	A	Revise & repair chest wall	20.75	NA	12.77	2.54	NA	36.06	090
32906	.....	A	Revise & repair chest wall	26.77	NA	14.12	3.30	NA	44.19	090
32940	.....	A	Revision of lung	19.43	NA	11.96	2.47	NA	33.86	090
32960	.....	A	Therapeutic pneumothorax	1.84	2.16	0.70	0.12	4.12	2.66	000
32997	.....	A	Total lung lavage	6.00	NA	2.00	0.55	NA	8.55	000
32999	.....	C	Chest surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
33010	.....	A	Drainage of heart sac	2.24	NA	1.01	0.13	NA	3.38	000
33011	.....	A	Repeat drainage of heart sac	2.24	NA	1.05	0.13	NA	3.42	000
33015	.....	A	Incision of heart sac	6.80	NA	4.41	0.64	NA	11.85	090
33020	.....	A	Incision of heart sac	12.61	NA	7.91	1.50	NA	22.02	090
33025	.....	A	Incision of heart sac	12.09	NA	7.77	1.50	NA	21.36	090
33030	.....	A	Partial removal of heart sac	18.71	NA	12.12	2.40	NA	33.23	090
33031	.....	A	Partial removal of heart sac	21.79	NA	13.20	2.78	NA	37.77	090
33050	.....	A	Removal of heart sac lesion	14.36	NA	10.24	1.73	NA	26.33	090
33120	.....	A	Removal of heart lesion	24.56	NA	15.68	3.06	NA	43.30	090
33130	.....	A	Removal of heart lesion	21.39	NA	12.40	2.51	NA	36.30	090
33140	.....	A	Heart revascularize (tmr)	20.00	NA	10.57	2.27	NA	32.84	090
33141	.....	A	Heart tmr w/other procedure	4.84	NA	1.63	0.55	NA	7.02	ZZZ
33200	.....	A	Insertion of heart pacemaker	12.48	NA	9.59	1.17	NA	23.24	090
33201	.....	A	Insertion of heart pacemaker	10.18	NA	9.39	1.21	NA	20.78	090
33206	.....	A	Insertion of heart pacemaker	6.67	NA	5.35	0.50	NA	12.52	090
33207	.....	A	Insertion of heart pacemaker	8.04	NA	6.00	0.57	NA	14.61	090
33208	.....	A	Insertion of heart pacemaker	8.13	NA	6.14	0.54	NA	14.81	090
33210	.....	A	Insertion of heart electrode	3.30	NA	1.34	0.17	NA	4.81	000
33211	.....	A	Insertion of heart electrode	3.40	NA	1.41	0.17	NA	4.98	000
33212	.....	A	Insertion of pulse generator	5.52	NA	4.44	0.44	NA	10.40	090
33213	.....	A	Insertion of pulse generator	6.37	NA	4.85	0.46	NA	11.68	090
33214	.....	A	Upgrade of pacemaker system	7.75	NA	5.95	0.52	NA	14.22	090
33216	.....	A	Revise eltrd pacing-defib	5.39	NA	4.95	0.36	NA	10.70	090
33217	.....	A	Revise eltrd pacing-defib	5.75	NA	5.26	0.36	NA	11.37	090
33218	.....	A	Revise eltrd pacing-defib	5.44	NA	4.51	0.40	NA	10.35	090
33220	.....	A	Revise eltrd pacing-defib	5.52	NA	4.45	0.39	NA	10.36	090
33222	.....	A	Revise pocket, pacemaker	4.96	NA	3.93	0.39	NA	9.28	090
33223	.....	A	Revise pocket, pacing-defib	6.46	NA	5.06	0.44	NA	11.96	090
33233	.....	A	Removal of pacemaker system	3.29	NA	3.80	0.22	NA	7.31	090
33234	.....	A	Removal of pacemaker system	7.82	NA	5.03	0.56	NA	13.41	090
33235	.....	A	Removal pacemaker electrode	9.40	NA	6.26	0.68	NA	16.34	090
33236	.....	A	Remove electrode/thoracotomy	12.60	NA	9.35	1.49	NA	23.44	090
33237	.....	A	Remove electrode/thoracotomy	13.71	NA	9.51	1.57	NA	24.79	090
33238	.....	A	Remove electrode/thoracotomy	15.22	NA	9.24	1.56	NA	26.02	090
33240	.....	A	Insert pulse generator	7.60	NA	5.49	0.53	NA	13.62	090
33241	.....	A	Remove pulse generator	3.24	NA	3.39	0.21	NA	6.84	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
33243	.....	A	Remove eltrd/thoracotomy	22.64	NA	10.88	2.53	NA	36.05	090
33244	.....	A	Remove eltrd, transven	13.76	NA	8.22	1.05	NA	23.03	090
33245	.....	A	Insert epic eltrd pace-defib	14.30	NA	10.79	1.28	NA	26.37	090
33246	.....	A	Insert epic eltrd/generator	20.71	NA	14.16	2.22	NA	37.09	090
33249	.....	A	Eltrd/insert pace-defib	14.23	NA	8.98	0.80	NA	24.01	090
33250	.....	A	Ablate heart dysrhythm focus	21.85	NA	13.65	1.01	NA	36.51	090
33251	.....	A	Ablate heart dysrhythm focus	24.88	NA	14.06	2.41	NA	41.35	090
33253	.....	A	Reconstruct atria	31.06	NA	16.58	3.68	NA	51.32	090
33261	.....	A	Ablate heart dysrhythm focus	24.88	NA	14.47	2.82	NA	42.17	090
33282	.....	A	Implant pat-active ht record	4.17	NA	4.42	0.39	NA	8.98	090
33284	.....	A	Remove pat-active ht record	2.50	NA	3.94	0.23	NA	6.67	090
33300	.....	A	Repair of heart wound	17.92	NA	11.56	1.91	NA	31.39	090
33305	.....	A	Repair of heart wound	21.44	NA	13.24	2.68	NA	37.36	090
33310	.....	A	Exploratory heart surgery	18.51	NA	11.85	2.26	NA	32.62	090
33315	.....	A	Exploratory heart surgery	22.37	NA	13.43	2.90	NA	38.70	090
33320	.....	A	Repair major blood vessel(s)	16.79	NA	11.06	1.66	NA	29.51	090
33321	.....	A	Repair major vessel	20.20	NA	13.15	2.70	NA	36.05	090
33322	.....	A	Repair major blood vessel(s)	20.62	NA	13.02	2.51	NA	36.15	090
33330	.....	A	Insert major vessel graft	21.43	NA	12.35	2.49	NA	36.27	090
33332	.....	A	Insert major vessel graft	23.96	NA	12.94	2.45	NA	39.35	090
33335	.....	A	Insert major vessel graft	30.01	NA	16.15	3.79	NA	49.95	090
33400	.....	A	Repair of aortic valve	28.50	NA	17.04	3.09	NA	48.63	090
33401	.....	A	Valvuloplasty, open	23.91	NA	14.85	2.71	NA	41.47	090
33403	.....	A	Valvuloplasty, w/cp bypass	24.89	NA	15.99	2.48	NA	43.36	090
33404	.....	A	Prepare heart-aorta conduit	28.54	NA	17.22	3.31	NA	49.07	090
33405	.....	A	Replacement of aortic valve	35.00	NA	17.69	3.86	NA	56.55	090
33406	.....	A	Replacement of aortic valve	37.50	NA	18.53	4.07	NA	60.10	090
33410	.....	A	Replacement of aortic valve	32.46	NA	16.93	4.11	NA	53.50	090
33411	.....	A	Replacement of aortic valve	36.25	NA	18.07	4.16	NA	58.48	090
33412	.....	A	Replacement of aortic valve	42.00	NA	21.90	4.66	NA	68.56	090
33413	.....	A	Replacement of aortic valve	43.50	NA	23.05	4.26	NA	70.81	090
33414	.....	A	Repair of aortic valve	30.35	NA	17.67	3.79	NA	51.81	090
33415	.....	A	Revision, subvalvular tissue	27.15	NA	16.53	3.25	NA	46.93	090
33416	.....	A	Revise ventricle muscle	30.35	NA	16.06	3.85	NA	50.26	090
33417	.....	A	Repair of aortic valve	28.53	NA	17.09	3.58	NA	49.20	090
33420	.....	A	Revision of mitral valve	22.70	NA	11.77	1.48	NA	35.95	090
33422	.....	A	Revision of mitral valve	25.94	NA	14.74	3.30	NA	43.98	090
33425	.....	A	Repair of mitral valve	27.00	NA	14.98	3.00	NA	44.98	090
33426	.....	A	Repair of mitral valve	33.00	NA	17.14	3.87	NA	54.01	090
33427	.....	A	Repair of mitral valve	40.00	NA	19.42	4.30	NA	63.72	090
33430	.....	A	Replacement of mitral valve	33.50	NA	17.26	3.95	NA	54.71	090
33460	.....	A	Revision of tricuspid valve	23.60	NA	13.83	3.02	NA	40.45	090
33463	.....	A	Valvuloplasty, tricuspid	25.62	NA	14.60	3.17	NA	43.39	090
33464	.....	A	Valvuloplasty, tricuspid	27.33	NA	15.22	3.47	NA	46.02	090
33465	.....	A	Replace tricuspid valve	28.79	NA	15.67	3.61	NA	48.07	090
33468	.....	A	Revision of tricuspid valve	30.12	NA	19.06	4.00	NA	53.18	090
33470	.....	A	Revision of pulmonary valve	20.81	NA	14.20	2.81	NA	37.82	090
33471	.....	A	Valvotomy, pulmonary valve	22.25	NA	13.13	3.00	NA	38.38	090
33472	.....	A	Revision of pulmonary valve	22.25	NA	13.13	2.92	NA	38.30	090
33474	.....	A	Revision of pulmonary valve	23.04	NA	13.45	2.84	NA	39.33	090
33475	.....	A	Replacement, pulmonary valve	33.00	NA	18.28	2.64	NA	53.92	090
33476	.....	A	Revision of heart chamber	25.77	NA	14.23	2.40	NA	42.40	090
33478	.....	A	Revision of heart chamber	26.74	NA	14.43	3.56	NA	44.73	090
33496	.....	A	Repair, prosth valve clot	27.25	NA	16.84	3.44	NA	47.53	090
33500	.....	A	Repair heart vessel fistula	25.55	NA	13.99	2.80	NA	42.34	090
33501	.....	A	Repair heart vessel fistula	17.78	NA	10.24	2.05	NA	30.07	090
33502	.....	A	Coronary artery correction	21.04	NA	16.64	2.51	NA	40.19	090
33503	.....	A	Coronary artery graft	21.78	NA	13.90	1.42	NA	37.10	090
33504	.....	A	Coronary artery graft	24.66	NA	16.55	3.04	NA	44.25	090
33505	.....	A	Repair artery w/tunnel	26.84	NA	18.16	1.52	NA	46.52	090
33506	.....	A	Repair artery, translocation	35.50	NA	19.27	3.19	NA	57.96	090
33510	.....	A	CABG, vein, single	29.00	NA	15.53	3.13	NA	47.66	090
33511	.....	A	CABG, vein, two	30.00	NA	16.05	3.34	NA	49.39	090
33512	.....	A	CABG, vein, three	31.80	NA	16.65	3.70	NA	52.15	090
33513	.....	A	CABG, vein, four	32.00	NA	16.77	3.99	NA	52.76	090
33514	.....	A	CABG, vein, five	32.75	NA	17.00	4.37	NA	54.12	090
33516	.....	A	Cabg, vein, six or more	35.00	NA	17.74	4.62	NA	57.36	090
33517	.....	A	CABG, artery-vein, single	2.57	NA	0.86	0.32	NA	3.75	ZZZ
33518	.....	A	CABG, artery-vein, two	4.85	NA	1.62	0.61	NA	7.08	ZZZ
33519	.....	A	CABG, artery-vein, three	7.12	NA	2.38	0.89	NA	10.39	ZZZ
33521	.....	A	CABG, artery-vein, four	9.40	NA	3.15	1.18	NA	13.73	ZZZ
33522	.....	A	CABG, artery-vein, five	11.67	NA	3.91	1.48	NA	17.06	ZZZ
33523	.....	A	Cabg, art-vein, six or more	13.95	NA	4.63	1.78	NA	20.36	ZZZ

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[3] +Indicates RVUs are not used for Medicare payment.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
33530	.....	A	Coronary artery, bypass/reop	5.86	NA	1.96	0.73	NA	8.55	ZZZ
33533	.....	A	CABG, arterial, single	30.00	NA	17.24	3.24	NA	50.48	090
33534	.....	A	CABG, arterial, two	32.20	NA	17.45	3.63	NA	53.28	090
33535	.....	A	CABG, arterial, three	34.50	NA	17.77	3.97	NA	56.24	090
33536	.....	A	Cabg, arterial, four or more	37.50	NA	19.27	3.29	NA	60.06	090
33542	.....	A	Removal of heart lesion	28.85	NA	17.05	3.61	NA	49.51	090
33545	.....	A	Repair of heart damage	36.78	NA	19.79	4.40	NA	60.97	090
33572	.....	A	Open coronary endarterectomy	4.45	NA	1.48	0.55	NA	6.48	ZZZ
33600	.....	A	Closure of valve	29.51	NA	17.79	2.30	NA	49.60	090
33602	.....	A	Closure of valve	28.54	NA	16.65	2.90	NA	48.09	090
33606	.....	A	Anastomosis/artery-aorta	30.74	NA	17.53	3.59	NA	51.86	090
33608	.....	A	Repair anomaly w/conduit	31.09	NA	16.38	4.17	NA	51.64	090
33610	.....	A	Repair by enlargement	30.61	NA	18.89	4.02	NA	53.52	090
33611	.....	A	Repair double ventricle	34.00	NA	19.08	3.28	NA	56.36	090
33612	.....	A	Repair double ventricle	35.00	NA	20.17	4.44	NA	59.61	090
33615	.....	A	Repair, modified fontan	34.00	NA	19.33	3.15	NA	56.48	090
33617	.....	A	Repair single ventricle	37.00	NA	21.25	4.09	NA	62.34	090
33619	.....	A	Repair single ventricle	45.00	NA	26.49	4.71	NA	76.20	090
33641	.....	A	Repair heart septum defect	21.39	NA	11.82	2.67	NA	35.88	090
33645	.....	A	Revision of heart veins	24.82	NA	13.92	3.27	NA	42.01	090
33647	.....	A	Repair heart septum defects	28.73	NA	17.08	3.37	NA	49.18	090
33660	.....	A	Repair of heart defects	30.00	NA	17.09	2.82	NA	49.91	090
33665	.....	A	Repair of heart defects	28.60	NA	16.87	3.81	NA	49.28	090
33670	.....	A	Repair of heart chambers	35.00	NA	16.68	2.18	NA	53.86	090
33681	.....	A	Repair heart septum defect	30.61	NA	17.83	3.53	NA	51.97	090
33684	.....	A	Repair heart septum defect	29.65	NA	17.82	3.77	NA	51.24	090
33688	.....	A	Repair heart septum defect	30.62	NA	16.70	3.89	NA	51.21	090
33690	.....	A	Reinforce pulmonary artery	19.55	NA	13.55	2.56	NA	35.66	090
33692	.....	A	Repair of heart defects	30.75	NA	17.52	3.77	NA	52.04	090
33694	.....	A	Repair of heart defects	34.00	NA	17.82	4.27	NA	56.09	090
33697	.....	A	Repair of heart defects	36.00	NA	18.62	4.54	NA	59.16	090
33702	.....	A	Repair of heart defects	26.54	NA	16.53	3.45	NA	46.52	090
33710	.....	A	Repair of heart defects	29.71	NA	16.82	3.85	NA	50.38	090
33720	.....	A	Repair of heart defect	26.56	NA	16.51	3.21	NA	46.28	090
33722	.....	A	Repair of heart defect	28.41	NA	17.05	3.80	NA	49.26	090
33730	.....	A	Repair heart-vein defect(s)	34.25	NA	18.35	2.85	NA	55.45	090
33732	.....	A	Repair heart-vein defect	28.16	NA	17.95	2.78	NA	48.89	090
33735	.....	A	Revision of heart chamber	21.39	NA	13.00	1.12	NA	35.51	090
33736	.....	A	Revision of heart chamber	23.52	NA	14.06	2.70	NA	40.28	090
33737	.....	A	Revision of heart chamber	21.76	NA	15.22	2.93	NA	39.91	090
33750	.....	A	Major vessel shunt	21.41	NA	12.83	1.74	NA	35.98	090
33755	.....	A	Major vessel shunt	21.79	NA	12.94	2.93	NA	37.66	090
33762	.....	A	Major vessel shunt	21.79	NA	13.32	1.59	NA	36.70	090
33764	.....	A	Major vessel shunt & graft	21.79	NA	14.22	1.93	NA	37.94	090
33766	.....	A	Major vessel shunt	22.76	NA	15.16	3.04	NA	40.96	090
33767	.....	A	Major vessel shunt	24.50	NA	14.92	3.14	NA	42.56	090
33770	.....	A	Repair great vessels defect	37.00	NA	19.01	4.49	NA	60.50	090
33771	.....	A	Repair great vessels defect	34.65	NA	18.08	4.67	NA	57.40	090
33774	.....	A	Repair great vessels defect	30.98	NA	16.61	4.18	NA	51.77	090
33775	.....	A	Repair great vessels defect	32.20	NA	17.10	4.34	NA	53.64	090
33776	.....	A	Repair great vessels defect	34.04	NA	17.83	4.58	NA	56.45	090
33777	.....	A	Repair great vessels defect	33.46	NA	17.60	4.51	NA	55.57	090
33778	.....	A	Repair great vessels defect	40.00	NA	20.21	4.83	NA	65.04	090
33779	.....	A	Repair great vessels defect	36.21	NA	17.93	2.40	NA	56.54	090
33780	.....	A	Repair great vessels defect	41.75	NA	20.98	5.21	NA	67.94	090
33781	.....	A	Repair great vessels defect	36.45	NA	18.80	4.91	NA	60.16	090
33786	.....	A	Repair arterial trunk	39.00	NA	19.81	4.69	NA	63.50	090
33788	.....	A	Revision of pulmonary artery	26.62	NA	14.87	3.32	NA	44.81	090
33800	.....	A	Aortic suspension	16.24	NA	13.12	1.11	NA	30.47	090
33802	.....	A	Repair vessel defect	17.66	NA	12.22	1.56	NA	31.44	090
33803	.....	A	Repair vessel defect	19.60	NA	13.53	2.63	NA	35.76	090
33813	.....	A	Repair septal defect	20.65	NA	14.12	2.78	NA	37.55	090
33814	.....	A	Repair septal defect	25.77	NA	15.61	2.52	NA	43.90	090
33820	.....	A	Revise major vessel	16.29	NA	10.95	2.10	NA	29.34	090
33822	.....	A	Revise major vessel	17.32	NA	11.16	2.33	NA	30.81	090
33824	.....	A	Revise major vessel	19.52	NA	11.97	2.61	NA	34.10	090
33840	.....	A	Remove aorta constriction	20.63	NA	14.11	2.36	NA	37.10	090
33845	.....	A	Remove aorta constriction	22.12	NA	14.85	2.90	NA	39.87	090
33851	.....	A	Remove aorta constriction	21.27	NA	12.98	2.86	NA	37.11	090
33852	.....	A	Repair septal defect	23.71	NA	14.14	3.19	NA	41.04	090
33853	.....	A	Repair septal defect	31.72	NA	18.25	4.23	NA	54.20	090
33860	.....	A	Ascending aortic graft	38.00	NA	18.74	4.30	NA	61.04	090
33861	.....	A	Ascending aortic graft	42.00	NA	20.15	4.24	NA	66.39	090

[3] +Indicates RVUs are not used for Medicare payment.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
33863		A	Ascending aortic graft	45.00	NA	21.10	4.60	NA	70.70	090
33870		A	Transverse aortic arch graft	44.00	NA	20.69	5.09	NA	69.78	090
33875		A	Thoracic aortic graft	33.06	NA	17.01	4.08	NA	54.15	090
33877		A	Thoracoabdominal graft	42.60	NA	19.96	5.07	NA	67.63	090
33910		A	Remove lung artery emboli	24.59	NA	14.16	3.06	NA	41.81	090
33915		A	Remove lung artery emboli	21.02	NA	12.31	1.20	NA	34.53	090
33916		A	Surgery of great vessel	25.83	NA	15.49	3.04	NA	44.36	090
33917		A	Repair pulmonary artery	24.50	NA	15.36	3.17	NA	43.03	090
33918		A	Repair pulmonary atresia	26.45	NA	14.80	3.42	NA	44.67	090
33919		A	Repair pulmonary atresia	40.00	NA	21.02	3.48	NA	64.50	090
33920		A	Repair pulmonary atresia	31.95	NA	17.28	3.61	NA	52.84	090
33922		A	Transect pulmonary artery	23.52	NA	13.79	2.30	NA	39.61	090
33924		A	Remove pulmonary shunt	5.50	NA	2.05	0.74	NA	8.29	ZZZ
33930		X	Removal of donor heart/lung	0.00	0.00	0.00	0.00	0.00	0.00	XXX
33935		R	Transplantation, heart/lung	60.96	NA	27.93	8.15	NA	97.04	090
33940		X	Removal of donor heart	0.00	0.00	0.00	0.00	0.00	0.00	XXX
33945		R	Transplantation of heart	42.10	NA	21.67	5.42	NA	69.19	090
33960		A	External circulation assist	19.36	NA	6.06	2.14	NA	27.56	000
33961		A	External circulation assist	10.93	NA	3.79	1.47	NA	16.19	ZZZ
33967		A	Insert ia percut device	4.85	2.01	1.96	0.27	7.13	7.08	000
33968		A	Remove aortic assist device	0.64	NA	0.24	0.07	NA	0.95	000
33970		A	Aortic circulation assist	6.75	NA	2.37	0.70	NA	9.82	000
33971		A	Aortic circulation assist	9.69	NA	7.82	0.97	NA	18.48	090
33973		A	Insert balloon device	9.76	NA	3.44	1.01	NA	14.21	000
33974		A	Remove intra-aortic balloon	14.41	NA	10.69	1.48	NA	26.58	090
33975		A	Implant ventricular device	21.00	NA	7.04	1.72	NA	29.76	XXX
33976		A	Implant ventricular device	23.00	NA	7.78	2.82	NA	33.60	XXX
33977		A	Remove ventricular device	19.29	NA	10.46	2.44	NA	32.19	090
33978		A	Remove ventricular device	21.73	NA	11.27	2.66	NA	35.66	090
33979		C	Insert intracorporeal device	0.00	0.00	0.00	0.00	0.00	0.00	XXX
33980		C	Remove intracorporeal device	0.00	0.00	0.00	0.00	0.00	0.00	090
33999		C	Cardiac surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
34001		A	Removal of artery clot	12.91	NA	5.97	1.46	NA	20.34	090
34051		A	Removal of artery clot	15.21	NA	7.07	1.90	NA	24.18	090
34101		A	Removal of artery clot	10.00	NA	4.84	1.11	NA	15.95	090
34111		A	Removal of arm artery clot	10.00	NA	4.88	0.85	NA	15.73	090
34151		A	Removal of artery clot	25.00	NA	10.54	1.84	NA	37.38	090
34201		A	Removal of artery clot	10.03	NA	5.12	1.02	NA	16.17	090
34203		A	Removal of leg artery clot	16.50	NA	7.65	1.37	NA	25.52	090
34401		A	Removal of vein clot	25.00	NA	10.47	1.20	NA	36.67	090
34421		A	Removal of vein clot	12.00	NA	6.01	0.95	NA	18.96	090
34451		A	Removal of vein clot	27.00	NA	11.08	1.59	NA	39.67	090
34471		A	Removal of vein clot	10.18	NA	5.18	0.90	NA	16.26	090
34490		A	Removal of vein clot	9.86	NA	6.26	0.73	NA	16.85	090
34501		A	Repair valve, femoral vein	16.00	NA	8.98	1.37	NA	26.35	090
34502		A	Reconstruct vena cava	26.95	NA	11.34	2.99	NA	41.28	090
34510		A	Transposition of vein valve	18.95	NA	10.23	1.60	NA	30.78	090
34520		A	Cross-over vein graft	17.95	NA	9.59	1.41	NA	28.95	090
34530		A	Leg vein fusion	16.64	NA	8.48	2.06	NA	27.18	090
34800		A	Endovasc abdo repair w/tube	20.75	NA	9.79	1.49	NA	32.03	090
34802		A	Endovasc abdo repr w/device	23.00	NA	10.69	1.65	NA	35.34	090
34804		A	Endovasc abdo repr w/device	23.00	NA	10.69	1.65	NA	35.34	090
34808		A	Endovasc abdo occlud device	4.13	NA	1.65	0.29	NA	6.07	ZZZ
34812		A	Xpose for endoprosth, aortic	6.75	NA	2.69	0.49	NA	9.93	000
34813		A	Xpose for endoprosth, femorl	4.80	NA	1.92	0.34	NA	7.06	ZZZ
34820		A	Xpose for endoprosth, iliac	9.75	NA	3.89	0.70	NA	14.34	000
34825		A	Endovasc extend prosth, init	12.00	NA	6.30	0.86	NA	19.16	090
34826		A	Endovasc exten prosth, addl	4.13	NA	1.65	0.29	NA	6.07	ZZZ
34830		A	Open aortic tube prosth repr	32.59	NA	14.89	2.34	NA	49.82	090
34831		A	Open aortoiliac prosth repr	35.34	NA	15.99	2.53	NA	53.86	090
34832		A	Open aortofemor prosth repr	35.34	NA	15.99	2.53	NA	53.86	090
35001		A	Repair defect of artery	19.64	NA	8.41	2.44	NA	30.49	090
35002		A	Repair artery rupture, neck	21.00	NA	9.12	1.82	NA	31.94	090
35005		A	Repair defect of artery	18.12	NA	8.04	1.35	NA	27.51	090
35011		A	Repair defect of artery	18.00	NA	7.59	1.30	NA	26.89	090
35013		A	Repair artery rupture, arm	22.00	NA	8.98	1.91	NA	32.89	090
35021		A	Repair defect of artery	19.65	NA	8.64	1.93	NA	30.22	090
35022		A	Repair artery rupture, chest	23.18	NA	9.57	1.99	NA	34.74	090
35045		A	Repair defect of arm artery	17.57	NA	7.99	1.25	NA	26.81	090
35081		A	Repair defect of artery	28.01	NA	11.69	3.20	NA	42.90	090
35082		A	Repair artery rupture, aorta	38.50	NA	15.08	4.07	NA	57.65	090
35091		A	Repair defect of artery	35.40	NA	14.22	4.09	NA	53.71	090
35092		A	Repair artery rupture, aorta	45.00	NA	17.35	4.31	NA	66.66	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
35102		A	Repair defect of artery	30.76	NA	12.67	3.44	NA	46.87	090
35103		A	Repair artery rupture, groin	40.50	NA	15.81	3.79	NA	60.10	090
35111		A	Repair defect of artery	25.00	NA	10.43	1.81	NA	37.24	090
35112		A	Repair artery rupture,spleen	30.00	NA	12.06	1.95	NA	44.01	090
35121		A	Repair defect of artery	30.00	NA	12.39	2.93	NA	45.32	090
35122		A	Repair artery rupture, belly	35.00	NA	13.73	3.54	NA	52.27	090
35131		A	Repair defect of artery	25.00	NA	10.64	2.11	NA	37.75	090
35132		A	Repair artery rupture, groin	30.00	NA	12.14	2.48	NA	44.62	090
35141		A	Repair defect of artery	20.00	NA	8.66	1.65	NA	30.31	090
35142		A	Repair artery rupture, thigh	23.30	NA	9.76	1.75	NA	34.81	090
35151		A	Repair defect of artery	22.64	NA	9.72	1.93	NA	34.29	090
35152		A	Repair artery rupture, knee	25.62	NA	10.50	1.93	NA	38.05	090
35161		A	Repair defect of artery	18.76	NA	8.96	2.21	NA	29.93	090
35162		A	Repair artery rupture	19.78	NA	9.05	2.21	NA	31.04	090
35180		A	Repair blood vessel lesion	13.62	NA	6.49	1.44	NA	21.55	090
35182		A	Repair blood vessel lesion	30.00	NA	12.39	1.88	NA	44.27	090
35184		A	Repair blood vessel lesion	18.00	NA	7.92	1.34	NA	27.26	090
35188		A	Repair blood vessel lesion	14.28	NA	6.70	1.53	NA	22.51	090
35189		A	Repair blood vessel lesion	28.00	NA	11.71	2.12	NA	41.83	090
35190		A	Repair blood vessel lesion	12.75	NA	6.03	1.33	NA	20.11	090
35201		A	Repair blood vessel lesion	16.14	NA	7.18	1.17	NA	24.49	090
35206		A	Repair blood vessel lesion	13.25	NA	7.60	1.04	NA	21.89	090
35207		A	Repair blood vessel lesion	10.15	NA	9.91	1.15	NA	21.21	090
35211		A	Repair blood vessel lesion	22.12	NA	13.55	2.83	NA	38.50	090
35216		A	Repair blood vessel lesion	18.75	NA	11.83	2.17	NA	32.75	090
35221		A	Repair blood vessel lesion	24.39	NA	10.31	1.79	NA	36.49	090
35226		A	Repair blood vessel lesion	14.50	NA	8.54	0.84	NA	23.88	090
35231		A	Repair blood vessel lesion	20.00	NA	9.45	1.32	NA	30.77	090
35236		A	Repair blood vessel lesion	17.11	NA	8.97	1.19	NA	27.27	090
35241		A	Repair blood vessel lesion	23.12	NA	14.09	2.90	NA	40.11	090
35246		A	Repair blood vessel lesion	26.45	NA	14.32	2.22	NA	42.99	090
35251		A	Repair blood vessel lesion	30.20	NA	12.39	1.87	NA	44.46	090
35256		A	Repair blood vessel lesion	18.36	NA	9.63	1.32	NA	29.31	090
35261		A	Repair blood vessel lesion	17.80	NA	7.56	1.34	NA	26.70	090
35266		A	Repair blood vessel lesion	14.91	NA	8.12	1.16	NA	24.19	090
35271		A	Repair blood vessel lesion	22.12	NA	13.43	2.77	NA	38.32	090
35276		A	Repair blood vessel lesion	24.25	NA	13.56	2.37	NA	40.18	090
35281		A	Repair blood vessel lesion	28.00	NA	11.66	1.82	NA	41.48	090
35286		A	Repair blood vessel lesion	16.16	NA	8.88	1.36	NA	26.40	090
35301		A	Rechanneling of artery	18.70	NA	8.39	2.23	NA	29.32	090
35311		A	Rechanneling of artery	27.00	NA	11.10	2.75	NA	40.85	090
35321		A	Rechanneling of artery	16.00	NA	6.87	1.36	NA	24.23	090
35331		A	Rechanneling of artery	26.20	NA	11.11	2.71	NA	40.02	090
35341		A	Rechanneling of artery	25.11	NA	10.70	2.87	NA	38.68	090
35351		A	Rechanneling of artery	23.00	NA	9.84	2.29	NA	35.13	090
35355		A	Rechanneling of artery	18.50	NA	8.33	1.80	NA	28.63	090
35361		A	Rechanneling of artery	28.20	NA	11.60	2.66	NA	42.46	090
35363		A	Rechanneling of artery	30.20	NA	12.54	2.77	NA	45.51	090
35371		A	Rechanneling of artery	14.72	NA	6.75	1.32	NA	22.79	090
35372		A	Rechanneling of artery	18.00	NA	7.91	1.53	NA	27.44	090
35381		A	Rechanneling of artery	15.81	NA	7.35	1.80	NA	24.96	090
35390		A	Reoperation, carotid add-on	3.19	NA	1.11	0.38	NA	4.68	ZZZ
35400		A	Angioscopy	3.00	NA	1.05	0.34	NA	4.39	ZZZ
35450		A	Repair arterial blockage	10.07	NA	4.22	0.84	NA	15.13	000
35452		A	Repair arterial blockage	6.91	NA	3.11	0.76	NA	10.78	000
35454		A	Repair arterial blockage	6.04	NA	2.83	0.67	NA	9.54	000
35456		A	Repair arterial blockage	7.35	NA	3.27	0.82	NA	11.44	000
35458		A	Repair arterial blockage	9.49	NA	4.03	1.09	NA	14.61	000
35459		A	Repair arterial blockage	8.63	NA	3.69	0.96	NA	13.28	000
35460		A	Repair venous blockage	6.04	NA	2.70	0.66	NA	9.40	000
35470		A	Repair arterial blockage	8.63	NA	3.98	0.50	NA	13.11	000
35471		A	Repair arterial blockage	10.07	NA	4.67	0.50	NA	15.24	000
35472		A	Repair arterial blockage	6.91	NA	3.32	0.39	NA	10.62	000
35473		A	Repair arterial blockage	6.04	NA	3.01	0.34	NA	9.39	000
35474		A	Repair arterial blockage	7.36	NA	3.52	0.40	NA	11.28	000
35475		R	Repair arterial blockage	9.49	NA	4.23	0.47	NA	14.19	000
35476		A	Repair venous blockage	6.04	NA	2.94	0.27	NA	9.25	000
35480		A	Atherectomy, open	11.08	NA	4.58	1.13	NA	16.79	000
35481		A	Atherectomy, open	7.61	NA	3.54	0.84	NA	11.99	000
35482		A	Atherectomy, open	6.65	NA	3.16	0.75	NA	10.56	000
35483		A	Atherectomy, open	8.10	NA	3.52	0.81	NA	12.43	000
35484		A	Atherectomy, open	10.44	NA	4.21	1.13	NA	15.78	000
35485		A	Atherectomy, open	9.49	NA	4.05	1.06	NA	14.60	000

[3] +Indicates RVUs are not used for Medicare payment.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
35490	.....	A	Atherectomy, percutaneous	11.08	NA	4.83	0.55	NA	16.46	000
35491	.....	A	Atherectomy, percutaneous	7.61	NA	3.59	0.49	NA	11.69	000
35492	.....	A	Atherectomy, percutaneous	6.65	NA	3.22	0.43	NA	10.30	000
35493	.....	A	Atherectomy, percutaneous	8.10	NA	3.90	0.47	NA	12.47	000
35494	.....	A	Atherectomy, percutaneous	10.44	NA	4.57	0.48	NA	15.49	000
35495	.....	A	Atherectomy, percutaneous	9.49	NA	4.52	0.51	NA	14.52	000
35500	.....	A	Harvest vein for bypass	6.45	NA	2.25	0.63	NA	9.33	ZZZ
35501	.....	A	Artery bypass graft	19.19	NA	8.14	2.33	NA	29.66	090
35506	.....	A	Artery bypass graft	19.67	NA	8.32	2.33	NA	30.32	090
35507	.....	A	Artery bypass graft	19.67	NA	8.29	2.27	NA	30.23	090
35508	.....	A	Artery bypass graft	18.65	NA	7.91	2.34	NA	28.90	090
35509	.....	A	Artery bypass graft	18.07	NA	7.70	2.12	NA	27.89	090
35511	.....	A	Artery bypass graft	21.20	NA	8.80	1.74	NA	31.74	090
35515	.....	A	Artery bypass graft	18.65	NA	7.80	2.26	NA	28.71	090
35516	.....	A	Artery bypass graft	16.32	NA	4.94	1.88	NA	23.14	090
35518	.....	A	Artery bypass graft	21.20	NA	8.80	1.78	NA	31.78	090
35521	.....	A	Artery bypass graft	22.20	NA	9.53	1.82	NA	33.55	090
35526	.....	A	Artery bypass graft	29.95	NA	12.19	2.18	NA	44.32	090
35531	.....	A	Artery bypass graft	36.20	NA	14.53	2.91	NA	53.64	090
35533	.....	A	Artery bypass graft	28.00	NA	11.74	2.35	NA	42.09	090
35536	.....	A	Artery bypass graft	31.70	NA	12.85	2.62	NA	47.17	090
35541	.....	A	Artery bypass graft	25.80	NA	10.98	2.74	NA	39.52	090
35546	.....	A	Artery bypass graft	25.54	NA	10.75	2.84	NA	39.13	090
35548	.....	A	Artery bypass graft	21.57	NA	9.45	2.45	NA	33.47	090
35549	.....	A	Artery bypass graft	23.35	NA	9.88	2.77	NA	36.00	090
35551	.....	A	Artery bypass graft	26.67	NA	11.20	3.19	NA	41.06	090
35556	.....	A	Artery bypass graft	21.76	NA	9.45	2.48	NA	33.69	090
35558	.....	A	Artery bypass graft	21.20	NA	9.11	1.58	NA	31.89	090
35560	.....	A	Artery bypass graft	32.00	NA	13.12	2.73	NA	47.85	090
35563	.....	A	Artery bypass graft	24.20	NA	10.42	1.68	NA	36.30	090
35565	.....	A	Artery bypass graft	23.20	NA	9.99	1.71	NA	34.90	090
35566	.....	A	Artery bypass graft	26.92	NA	11.77	3.02	NA	41.71	090
35571	.....	A	Artery bypass graft	24.06	NA	12.13	2.14	NA	38.33	090
35582	.....	A	Vein bypass graft	27.13	NA	11.35	3.11	NA	41.59	090
35583	.....	A	Vein bypass graft	22.37	NA	10.62	2.53	NA	35.52	090
35585	.....	A	Vein bypass graft	28.39	NA	14.53	3.21	NA	46.13	090
35587	.....	A	Vein bypass graft	24.75	NA	12.79	2.17	NA	39.71	090
35600	.....	A	Harvest artery for cabg	4.95	NA	1.98	0.60	NA	7.53	ZZZ
35601	.....	A	Artery bypass graft	17.50	NA	7.49	2.08	NA	27.07	090
35606	.....	A	Artery bypass graft	18.71	NA	7.93	2.17	NA	28.81	090
35612	.....	A	Artery bypass graft	15.76	NA	6.70	1.72	NA	24.18	090
35616	.....	A	Artery bypass graft	15.70	NA	7.05	1.84	NA	24.59	090
35621	.....	A	Artery bypass graft	20.00	NA	8.79	1.68	NA	30.47	090
35623	.....	A	Bypass graft, not vein	24.00	NA	10.22	1.91	NA	36.13	090
35626	.....	A	Artery bypass graft	27.75	NA	11.08	2.89	NA	41.72	090
35631	.....	A	Artery bypass graft	34.00	NA	13.74	2.83	NA	50.57	090
35636	.....	A	Artery bypass graft	29.50	NA	12.26	2.37	NA	44.13	090
35641	.....	A	Artery bypass graft	24.57	NA	10.47	2.83	NA	37.87	090
35642	.....	A	Artery bypass graft	17.98	NA	7.92	1.84	NA	27.74	090
35645	.....	A	Artery bypass graft	17.47	NA	8.36	1.91	NA	27.74	090
35646	.....	A	Artery bypass graft	31.00	NA	13.26	2.98	NA	47.24	090
35647	.....	A	Artery bypass graft	28.00	NA	11.97	2.98	NA	42.95	090
35650	.....	A	Artery bypass graft	19.00	NA	7.93	1.64	NA	28.57	090
35651	.....	A	Artery bypass graft	25.04	NA	10.70	2.53	NA	38.27	090
35654	.....	A	Artery bypass graft	25.00	NA	10.60	2.10	NA	37.70	090
35656	.....	A	Artery bypass graft	19.53	NA	8.44	2.21	NA	30.18	090
35661	.....	A	Artery bypass graft	19.00	NA	8.26	1.50	NA	28.76	090
35663	.....	A	Artery bypass graft	22.00	NA	9.65	1.55	NA	33.20	090
35665	.....	A	Artery bypass graft	21.00	NA	9.18	1.76	NA	31.94	090
35666	.....	A	Artery bypass graft	22.19	NA	11.93	2.19	NA	36.31	090
35671	.....	A	Artery bypass graft	19.33	NA	10.53	1.68	NA	31.54	090
35681	.....	A	Composite bypass graft	1.60	NA	0.56	0.18	NA	2.34	ZZZ
35682	.....	A	Composite bypass graft	7.20	NA	2.51	0.83	NA	10.54	ZZZ
35683	.....	A	Composite bypass graft	8.50	NA	2.99	0.98	NA	12.47	ZZZ
35685	.....	A	Bypass graft patency/patch	4.05	NA	1.50	0.41	NA	5.96	ZZZ
35686	.....	A	Bypass graft/av fist patency	3.35	NA	1.24	0.34	NA	4.93	ZZZ
35691	.....	A	Arterial transposition	18.05	NA	7.65	2.06	NA	27.76	090
35693	.....	A	Arterial transposition	15.36	NA	6.66	1.80	NA	23.82	090
35694	.....	A	Arterial transposition	19.16	NA	8.02	2.13	NA	29.31	090
35695	.....	A	Arterial transposition	19.16	NA	7.92	2.19	NA	29.27	090
35700	.....	A	Reoperation, bypass graft	3.08	NA	1.07	0.36	NA	4.51	ZZZ
35701	.....	A	Exploration, carotid artery	8.50	NA	4.70	0.64	NA	13.84	090
35721	.....	A	Exploration, femoral artery	7.18	NA	5.10	0.59	NA	12.87	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
35741		A	Exploration popliteal artery	8.00	NA	5.47	0.60	NA	14.07	090
35761		A	Exploration of artery/vein	5.37	NA	4.47	0.60	NA	10.44	090
35800		A	Explore neck vessels	7.02	NA	3.95	0.79	NA	11.76	090
35820		A	Explore chest vessels	12.88	NA	4.32	1.61	NA	18.81	090
35840		A	Explore abdominal vessels	9.77	NA	5.21	1.06	NA	16.04	090
35860		A	Explore limb vessels	5.55	NA	3.62	0.63	NA	9.80	090
35870		A	Repair vessel graft defect	22.17	NA	10.21	2.47	NA	34.85	090
35875		A	Removal of clot in graft	10.13	NA	6.63	0.97	NA	17.73	090
35876		A	Removal of clot in graft	17.00	NA	9.16	1.88	NA	28.04	090
35879		A	Revise graft w/vein	16.00	NA	7.77	1.35	NA	25.12	090
35881		A	Revise graft w/vein	18.00	NA	8.65	1.44	NA	28.09	090
35901		A	Excision, graft, neck	8.19	NA	5.85	0.90	NA	14.94	090
35903		A	Excision, graft, extremity	9.39	NA	8.20	1.03	NA	18.62	090
35905		A	Excision, graft, thorax	31.25	NA	15.39	2.15	NA	48.79	090
35907		A	Excision, graft, abdomen	35.00	NA	14.97	2.17	NA	52.14	090
36000		A	Place needle in vein	0.18	0.65	0.05	0.01	0.84	0.24	XXX
36002		A	Pseudoaneurysm injection trt	1.96	2.95	1.03	0.08	4.99	3.07	000
36005		A	Injection ext venography	0.95	7.29	0.34	0.04	8.28	1.33	000
36010		A	Place catheter in vein	2.43	NA	0.84	0.16	NA	3.43	XXX
36011		A	Place catheter in vein	3.14	NA	1.10	0.17	NA	4.41	XXX
36012		A	Place catheter in vein	3.52	NA	1.23	0.17	NA	4.92	XXX
36013		A	Place catheter in artery	2.52	NA	0.61	0.17	NA	3.30	XXX
36014		A	Place catheter in artery	3.02	NA	1.06	0.14	NA	4.22	XXX
36015		A	Place catheter in artery	3.52	NA	1.24	0.16	NA	4.92	XXX
36100		A	Establish access to artery	3.02	NA	1.16	0.18	NA	4.36	XXX
36120		A	Establish access to artery	2.01	NA	0.69	0.11	NA	2.81	XXX
36140		A	Establish access to artery	2.01	NA	0.69	0.12	NA	2.82	XXX
36145		A	Artery to vein shunt	2.01	NA	0.70	0.10	NA	2.81	XXX
36160		A	Establish access to aorta	2.52	NA	0.90	0.20	NA	3.62	XXX
36200		A	Place catheter in aorta	3.02	NA	1.09	0.15	NA	4.26	XXX
36215		A	Place catheter in artery	4.68	NA	1.68	0.22	NA	6.58	XXX
36216		A	Place catheter in artery	5.28	NA	1.89	0.24	NA	7.41	XXX
36217		A	Place catheter in artery	6.30	NA	2.29	0.32	NA	8.91	XXX
36218		A	Place catheter in artery	1.01	NA	0.37	0.05	NA	1.43	ZZZ
36245		A	Place catheter in artery	4.68	NA	1.78	0.23	NA	6.69	XXX
36246		A	Place catheter in artery	5.28	NA	1.91	0.26	NA	7.45	XXX
36247		A	Place catheter in artery	6.30	NA	2.25	0.32	NA	8.87	XXX
36248		A	Place catheter in artery	1.01	NA	0.37	0.06	NA	1.44	ZZZ
36260		A	Insertion of infusion pump	9.71	NA	5.63	1.00	NA	16.34	090
36261		A	Revision of infusion pump	5.45	NA	3.47	0.50	NA	9.42	090
36262		A	Removal of infusion pump	4.02	NA	2.59	0.43	NA	7.04	090
36299		C	Vessel injection procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
36400		A	Drawing blood	0.38	0.72	0.10	0.01	1.11	0.49	XXX
36405		A	Drawing blood	0.31	0.58	0.09	0.01	0.90	0.41	XXX
36406		A	Drawing blood	0.18	0.94	0.06	0.01	1.13	0.25	XXX
36410		A	Drawing blood	0.18	0.50	0.05	0.01	0.69	0.24	XXX
36415		I	Drawing blood	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36420		A	Establish access to vein	1.01	NA	0.33	0.09	NA	1.43	XXX
36425		A	Establish access to vein	0.76	3.44	0.17	0.05	4.25	0.98	XXX
36430		A	Blood transfusion service	0.00	0.95	NA	0.05	1.00	NA	XXX
36440		A	Blood transfusion service	1.03	NA	0.31	0.08	NA	1.42	XXX
36450		A	Exchange transfusion service	2.23	NA	0.71	0.16	NA	3.10	XXX
36455		A	Exchange transfusion service	2.43	NA	0.97	0.10	NA	3.50	XXX
36460		A	Transfusion service, fetal	6.59	NA	2.55	0.56	NA	9.70	XXX
36468		R	Injection(s), spider veins	0.00	0.00	0.00	0.00	0.00	0.00	000
36469		R	Injection(s), spider veins	0.00	0.00	0.00	0.00	0.00	0.00	000
36470		A	Injection therapy of vein	1.09	2.60	0.40	0.10	3.79	1.59	010
36471		A	Injection therapy of veins	1.57	2.65	0.58	0.15	4.37	2.30	010
36481		A	Insertion of catheter, vein	6.99	NA	2.86	0.40	NA	10.25	000
36488		A	Insertion of catheter, vein	1.35	NA	0.76	0.09	NA	2.20	000
36489		A	Insertion of catheter, vein	2.50	4.70	1.08	0.08	7.28	3.66	000
36490		A	Insertion of catheter, vein	1.67	NA	0.86	0.17	NA	2.70	000
36491		A	Insertion of catheter, vein	1.43	NA	0.75	0.13	NA	2.31	000
36493		A	Repositioning of cvc	1.21	NA	0.88	0.06	NA	2.15	000
36500		A	Insertion of catheter, vein	3.52	NA	1.31	0.14	NA	4.97	000
36510		A	Insertion of catheter, vein	1.09	NA	0.73	0.06	NA	1.88	000
36520		A	Plasma and/or cell exchange	1.74	NA	1.07	0.06	NA	2.87	000
36521		A	Apheresis w/ adsorp/reinfuse	1.74	NA	1.07	0.06	NA	2.87	000
36522		A	Photopheresis	1.67	6.03	1.16	0.07	7.77	2.90	000
36530		R	Insertion of infusion pump	6.20	NA	4.17	0.56	NA	10.93	010
36531		R	Revision of infusion pump	4.87	NA	3.32	0.44	NA	8.63	010
36532		R	Removal of infusion pump	3.30	NA	1.57	0.34	NA	5.21	010
36533		A	Insertion of access device	5.32	4.67	3.50	0.49	10.48	9.31	010

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
36534	.....	A	Revision of access device	2.80	NA	1.55	0.19	NA	4.54	010
36535	.....	A	Removal of access device	2.27	2.95	1.89	0.21	5.43	4.37	010
36540	.....	B	Collect blood venous device	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36550	.....	A	Declot vascular device	0.00	0.38	NA	0.31	0.69	NA	XXX
36600	.....	A	Withdrawal of arterial blood	0.32	0.43	0.09	0.02	0.77	0.43	XXX
36620	.....	A	Insertion catheter, artery	1.15	NA	0.25	0.06	NA	1.46	000
36625	.....	A	Insertion catheter, artery	2.11	NA	0.61	0.16	NA	2.88	000
36640	.....	A	Insertion catheter, artery	2.10	NA	0.75	0.18	NA	3.03	000
36660	.....	A	Insertion catheter, artery	1.40	NA	0.38	0.08	NA	1.86	000
36680	.....	A	Insert needle, bone cavity	1.20	NA	0.66	0.08	NA	1.94	000
36800	.....	A	Insertion of cannula	2.43	NA	1.59	0.17	NA	4.19	000
36810	.....	A	Insertion of cannula	3.97	NA	2.22	0.40	NA	6.59	000
36815	.....	A	Insertion of cannula	2.62	NA	1.28	0.26	NA	4.16	000
36819	.....	A	Av fusion/uppr arm vein	14.00	NA	6.56	1.53	NA	22.09	090
36820	.....	A	Av fusion/forearm vein	14.00	NA	6.56	1.53	NA	22.09	090
36821	.....	A	Av fusion direct any site	8.93	NA	5.03	0.97	NA	14.93	090
36822	.....	A	Insertion of cannula(s)	5.42	NA	6.81	0.63	NA	12.86	090
36823	.....	A	Insertion of cannula(s)	21.00	NA	10.63	2.18	NA	33.81	090
36825	.....	A	Artery-vein graft	9.84	NA	5.58	1.09	NA	16.51	090
36830	.....	A	Artery-vein graft	12.00	NA	6.14	1.32	NA	19.46	090
36831	.....	A	Open thrombect av fistula	8.00	NA	3.99	0.79	NA	12.78	090
36832	.....	A	Av fistula revision, open	10.50	NA	5.59	1.13	NA	17.22	090
36833	.....	A	Av fistula revision	11.95	NA	6.11	1.29	NA	19.35	090
36834	.....	A	Repair A-V aneurysm	9.93	NA	3.93	1.06	NA	14.92	090
36835	.....	A	Artery to vein shunt	7.15	NA	4.50	0.80	NA	12.45	090
36860	.....	A	External cannula declotting	2.01	2.52	1.33	0.10	4.63	3.44	000
36861	.....	A	Cannula declotting	2.52	NA	1.50	0.14	NA	4.16	000
36870	.....	A	Percut thrombect av fistula	5.16	41.63	2.45	0.23	47.02	7.84	090
37140	.....	A	Revision of circulation	23.60	NA	10.56	1.21	NA	35.37	090
37145	.....	A	Revision of circulation	24.61	NA	12.97	2.48	NA	40.06	090
37160	.....	A	Revision of circulation	21.60	NA	9.43	2.16	NA	33.19	090
37180	.....	A	Revision of circulation	24.61	NA	10.66	2.63	NA	37.90	090
37181	.....	A	Splice spleen/kidney veins	26.68	NA	11.02	2.67	NA	40.37	090
37195	.....	A	Thrombolytic therapy, stroke	0.00	7.65	NA	0.38	8.03	NA	XXX
37200	.....	A	Transcatheter biopsy	4.56	NA	1.60	0.19	NA	6.35	000
37201	.....	A	Transcatheter therapy infuse	5.00	NA	2.59	0.24	NA	7.83	000
37202	.....	A	Transcatheter therapy infuse	5.68	NA	3.33	0.38	NA	9.39	000
37203	.....	A	Transcatheter retrieval	5.03	NA	2.62	0.23	NA	7.88	000
37204	.....	A	Transcatheter occlusion	18.14	NA	6.36	0.85	NA	25.35	000
37205	.....	A	Transcatheter stent	8.28	NA	3.90	0.43	NA	12.61	000
37206	.....	A	Transcatheter stent add-on	4.13	NA	1.54	0.22	NA	5.89	ZZZ
37207	.....	A	Transcatheter stent	8.28	NA	3.61	0.89	NA	12.78	000
37208	.....	A	Transcatheter stent add-on	4.13	NA	1.45	0.44	NA	6.02	ZZZ
37209	.....	A	Exchange arterial catheter	2.27	NA	0.80	0.11	NA	3.18	000
37250	.....	A	Iv us first vessel add-on	2.10	NA	0.79	0.17	NA	3.06	ZZZ
37251	.....	A	Iv us each add vessel add-on	1.60	NA	0.58	0.14	NA	2.32	ZZZ
37565	.....	A	Ligation of neck vein	10.88	NA	5.34	0.45	NA	16.67	090
37600	.....	A	Ligation of neck artery	11.25	NA	6.51	0.40	NA	18.16	090
37605	.....	A	Ligation of neck artery	13.11	NA	6.63	0.77	NA	20.51	090
37606	.....	A	Ligation of neck artery	6.28	NA	3.85	0.79	NA	10.92	090
37607	.....	A	Ligation of a-v fistula	6.16	NA	3.71	0.67	NA	10.54	090
37609	.....	A	Temporal artery procedure	3.00	7.25	2.58	0.21	10.46	5.79	010
37615	.....	A	Ligation of neck artery	5.73	NA	3.61	0.57	NA	9.91	090
37616	.....	A	Ligation of chest artery	16.49	NA	10.54	1.93	NA	28.96	090
37617	.....	A	Ligation of abdomen artery	22.06	NA	9.81	1.69	NA	33.56	090
37618	.....	A	Ligation of extremity artery	4.84	NA	3.56	0.54	NA	8.94	090
37620	.....	A	Revision of major vein	10.56	NA	5.53	0.75	NA	16.84	090
37650	.....	A	Revision of major vein	7.80	NA	4.64	0.56	NA	13.00	090
37660	.....	A	Revision of major vein	21.00	NA	9.44	1.17	NA	31.61	090
37700	.....	A	Revise leg vein	3.73	NA	3.20	0.40	NA	7.33	090
37720	.....	A	Removal of leg vein	5.66	NA	3.72	0.61	NA	9.99	090
37730	.....	A	Removal of leg veins	7.33	NA	4.59	0.77	NA	12.69	090
37735	.....	A	Removal of leg veins/lesion	10.53	NA	5.94	1.17	NA	17.64	090
37760	.....	A	Revision of leg veins	10.47	NA	5.78	1.11	NA	17.36	090
37780	.....	A	Revision of leg vein	3.84	NA	2.89	0.41	NA	7.14	090
37785	.....	A	Revise secondary varicosity	3.84	7.18	2.91	0.41	11.43	7.16	090
37788	.....	A	Revascularization, penis	22.01	NA	14.08	1.35	NA	37.44	090
37790	.....	A	Penile venous occlusion	8.34	NA	6.78	0.63	NA	15.75	090
37799	.....	C	Vascular surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
38100	.....	A	Removal of spleen, total	14.50	NA	6.73	1.30	NA	22.53	090
38101	.....	A	Removal of spleen, partial	15.31	NA	7.27	1.38	NA	23.96	090
38102	.....	A	Removal of spleen, total	4.80	NA	1.73	0.49	NA	7.02	ZZZ
38115	.....	A	Repair of ruptured spleen	15.82	NA	7.23	1.40	NA	24.45	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
38120	.....	A	Laparoscopy, splenectomy	17.00	NA	7.58	1.73	NA	26.31	090
38129	.....	C	Laparoscope proc, spleen	0.00	0.00	0.00	0.00	0.00	0.00	YYY
38200	.....	A	Injection for spleen x-ray	2.64	NA	0.93	0.12	NA	3.69	000
38220	.....	A	Bone marrow aspiration	1.08	4.64	0.44	0.03	5.75	1.55	XXX
38221	.....	A	Bone marrow biopsy	1.37	4.74	0.56	0.04	6.15	1.97	XXX
38230	.....	R	Bone marrow collection	4.54	NA	2.45	0.25	NA	7.24	010
38231	.....	R	Stem cell collection	1.50	NA	0.61	0.05	NA	2.16	000
38240	.....	R	Bone marrow/stem transplant	2.24	NA	0.88	0.08	NA	3.20	XXX
38241	.....	R	Bone marrow/stem transplant	2.24	NA	0.86	0.08	NA	3.18	XXX
38300	.....	A	Drainage, lymph node lesion	1.99	4.88	2.65	0.15	7.02	4.79	010
38305	.....	A	Drainage, lymph node lesion	6.00	7.99	6.41	0.36	14.35	12.77	090
38308	.....	A	Incision of lymph channels	6.45	NA	5.40	0.51	NA	12.36	090
38380	.....	A	Thoracic duct procedure	7.46	NA	7.61	0.68	NA	15.75	090
38381	.....	A	Thoracic duct procedure	12.88	NA	9.72	1.58	NA	24.18	090
38382	.....	A	Thoracic duct procedure	10.08	NA	8.81	1.08	NA	19.97	090
38500	.....	A	Biopsy/removal, lymph nodes	3.75	3.15	2.63	0.28	7.18	6.66	010
38505	.....	A	Needle biopsy, lymph nodes	1.14	3.21	1.13	0.09	4.44	2.36	000
38510	.....	A	Biopsy/removal, lymph nodes	6.43	NA	5.55	0.38	NA	12.36	010
38520	.....	A	Biopsy/removal, lymph nodes	6.67	NA	5.67	0.52	NA	12.86	090
38525	.....	A	Biopsy/removal, lymph nodes	6.07	NA	4.51	0.48	NA	11.06	090
38530	.....	A	Biopsy/removal, lymph nodes	7.98	NA	5.78	0.63	NA	14.39	090
38542	.....	A	Explore deep node(s), neck	5.91	NA	6.09	0.50	NA	12.50	090
38550	.....	A	Removal, neck/armpit lesion	6.92	NA	5.01	0.69	NA	12.62	090
38555	.....	A	Removal, neck/armpit lesion	14.14	NA	9.47	1.46	NA	25.07	090
38562	.....	A	Removal, pelvic lymph nodes	10.49	NA	6.79	0.97	NA	18.25	090
38564	.....	A	Removal, abdomen lymph nodes	10.83	NA	6.54	1.06	NA	18.43	090
38570	.....	A	Laparoscopy, lymph node biop	9.25	NA	4.63	0.89	NA	14.77	010
38571	.....	A	Laparoscopy, lymphadenectomy	14.68	NA	6.50	0.80	NA	21.98	010
38572	.....	A	Laparoscopy, lymphadenectomy	16.59	NA	7.71	1.32	NA	25.62	010
38589	.....	C	Laparoscope proc, lymphatic	0.00	0.00	0.00	0.00	0.00	0.00	YYY
38700	.....	A	Removal of lymph nodes, neck	8.24	NA	13.61	0.60	NA	22.45	090
38720	.....	A	Removal of lymph nodes, neck	13.61	NA	16.25	1.03	NA	30.89	090
38724	.....	A	Removal of lymph nodes, neck	14.54	NA	16.82	1.10	NA	32.46	090
38740	.....	A	Remove armpit lymph nodes	10.03	NA	5.89	0.69	NA	16.61	090
38745	.....	A	Remove armpit lymph nodes	13.10	NA	8.47	0.90	NA	22.47	090
38746	.....	A	Remove thoracic lymph nodes	4.89	NA	1.65	0.55	NA	7.09	ZZZ
38747	.....	A	Remove abdominal lymph nodes	4.89	NA	1.75	0.50	NA	7.14	ZZZ
38760	.....	A	Remove groin lymph nodes	12.95	NA	7.36	0.88	NA	21.19	090
38765	.....	A	Remove groin lymph nodes	19.98	NA	11.57	1.50	NA	33.05	090
38770	.....	A	Remove pelvis lymph nodes	13.23	NA	7.18	0.94	NA	21.35	090
38780	.....	A	Remove abdomen lymph nodes	16.59	NA	9.67	1.60	NA	27.86	090
38790	.....	A	Inject for lymphatic x-ray	1.29	14.77	0.46	0.09	16.15	1.84	000
38792	.....	A	Identify sentinel node	0.52	NA	0.19	0.04	NA	0.75	000
38794	.....	A	Access thoracic lymph duct	4.45	NA	1.57	0.17	NA	6.19	090
38999	.....	C	Blood/lymph system procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
39000	.....	A	Exploration of chest	6.10	NA	7.41	0.73	NA	14.24	090
39010	.....	A	Exploration of chest	11.79	NA	9.31	1.46	NA	22.56	090
39200	.....	A	Removal chest lesion	13.62	NA	10.10	1.65	NA	25.37	090
39220	.....	A	Removal chest lesion	17.42	NA	11.29	2.10	NA	30.81	090
39400	.....	A	Visualization of chest	5.61	NA	7.01	0.69	NA	13.31	010
39499	.....	C	Chest procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
39501	.....	A	Repair diaphragm laceration	13.19	NA	7.82	1.38	NA	22.39	090
39502	.....	A	Repair paraesophageal hernia	16.33	NA	8.41	1.68	NA	26.42	090
39503	.....	A	Repair of diaphragm hernia	95.00	NA	37.24	3.52	NA	135.76	090
39520	.....	A	Repair of diaphragm hernia	16.10	NA	9.59	1.83	NA	27.52	090
39530	.....	A	Repair of diaphragm hernia	15.41	NA	8.69	1.66	NA	25.76	090
39531	.....	A	Repair of diaphragm hernia	16.42	NA	8.45	1.83	NA	26.70	090
39540	.....	A	Repair of diaphragm hernia	13.32	NA	7.79	1.38	NA	22.49	090
39541	.....	A	Repair of diaphragm hernia	14.41	NA	7.97	1.52	NA	23.90	090
39545	.....	A	Revision of diaphragm	13.37	NA	9.32	1.55	NA	24.24	090
39560	.....	A	Resect diaphragm, simple	12.00	NA	7.62	1.35	NA	20.97	090
39561	.....	A	Resect diaphragm, complex	17.50	NA	9.84	1.97	NA	29.31	090
39599	.....	C	Diaphragm surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
40490	.....	A	Biopsy of lip	1.22	1.63	0.63	0.06	2.91	1.91	000
40500	.....	A	Partial excision of lip	4.28	5.72	5.72	0.31	10.31	10.31	090
40510	.....	A	Partial excision of lip	4.70	6.75	6.52	0.38	11.83	11.60	090
40520	.....	A	Partial excision of lip	4.67	7.97	7.15	0.42	13.06	12.24	090
40525	.....	A	Reconstruct lip with flap	7.55	NA	8.84	0.68	NA	17.07	090
40527	.....	A	Reconstruct lip with flap	9.13	NA	9.60	0.82	NA	19.55	090
40530	.....	A	Partial removal of lip	5.40	7.35	6.56	0.47	13.22	12.43	090
40650	.....	A	Repair lip	3.64	5.78	5.18	0.31	9.73	9.13	090
40652	.....	A	Repair lip	4.26	7.08	7.04	0.39	11.73	11.69	090
40654	.....	A	Repair lip	5.31	7.95	7.95	0.48	13.74	13.74	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
40700		A	Repair cleft lip/nasal	12.79	NA	10.88	0.93	NA	24.60	090
40701		A	Repair cleft lip/nasal	15.85	NA	14.66	1.36	NA	31.87	090
40702		A	Repair cleft lip/nasal	13.04	NA	8.99	1.01	NA	23.04	090
40720		A	Repair cleft lip/nasal	13.55	NA	12.89	1.31	NA	27.75	090
40761		A	Repair cleft lip/nasal	14.72	NA	12.76	1.41	NA	28.89	090
40799		C	Lip surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
40800		A	Drainage of mouth lesion	1.17	2.01	0.48	0.09	3.27	1.74	010
40801		A	Drainage of mouth lesion	2.53	2.52	1.98	0.18	5.23	4.69	010
40804		A	Removal, foreign body, mouth	1.24	2.59	2.03	0.09	3.92	3.36	010
40805		A	Removal, foreign body, mouth	2.69	3.27	2.85	0.17	6.13	5.71	010
40806		A	Incision of lip fold	0.31	0.89	0.89	0.02	1.22	1.22	000
40808		A	Biopsy of mouth lesion	0.96	2.11	2.11	0.07	3.14	3.14	010
40810		A	Excision of mouth lesion	1.31	2.70	2.47	0.09	4.10	3.87	010
40812		A	Excise/repair mouth lesion	2.31	2.95	2.93	0.17	5.43	5.41	010
40814		A	Excise/repair mouth lesion	3.42	4.08	4.08	0.26	7.76	7.76	090
40816		A	Excision of mouth lesion	3.67	4.32	4.32	0.27	8.26	8.26	090
40818		A	Excise oral mucosa for graft	2.41	4.05	4.05	0.14	6.60	6.60	090
40819		A	Excise lip or cheek fold	2.41	3.67	3.48	0.17	6.25	6.06	090
40820		A	Treatment of mouth lesion	1.28	2.38	2.30	0.08	3.74	3.66	010
40830		A	Repair mouth laceration	1.76	2.48	2.48	0.14	4.38	4.38	010
40831		A	Repair mouth laceration	2.46	2.72	2.72	0.21	5.39	5.39	010
40840		R	Reconstruction of mouth	8.73	5.93	5.93	0.79	15.45	15.45	090
40842		R	Reconstruction of mouth	8.73	5.90	5.90	0.65	15.28	15.28	090
40843		R	Reconstruction of mouth	12.10	7.35	7.35	0.84	20.29	20.29	090
40844		R	Reconstruction of mouth	16.01	9.01	9.01	1.63	26.65	26.65	090
40845		R	Reconstruction of mouth	18.58	12.25	12.25	1.47	32.30	32.30	090
40899		C	Mouth surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
41000		A	Drainage of mouth lesion	1.30	2.40	1.55	0.09	3.79	2.94	010
41005		A	Drainage of mouth lesion	1.26	2.33	1.62	0.09	3.68	2.97	010
41006		A	Drainage of mouth lesion	3.24	3.58	3.28	0.25	7.07	6.77	090
41007		A	Drainage of mouth lesion	3.10	3.78	3.33	0.22	7.10	6.65	090
41008		A	Drainage of mouth lesion	3.37	3.69	3.22	0.24	7.30	6.83	090
41009		A	Drainage of mouth lesion	3.59	3.65	3.42	0.25	7.49	7.26	090
41010		A	Incision of tongue fold	1.06	3.57	3.57	0.06	4.69	4.69	010
41015		A	Drainage of mouth lesion	3.96	4.05	3.39	0.29	8.30	7.64	090
41016		A	Drainage of mouth lesion	4.07	4.31	3.61	0.28	8.66	7.96	090
41017		A	Drainage of mouth lesion	4.07	4.26	3.46	0.32	8.65	7.85	090
41018		A	Drainage of mouth lesion	5.10	4.39	3.87	0.35	9.84	9.32	090
41100		A	Biopsy of tongue	1.63	2.67	2.64	0.12	4.42	4.39	010
41105		A	Biopsy of tongue	1.42	2.42	2.42	0.10	3.94	3.94	010
41108		A	Biopsy of floor of mouth	1.05	2.38	2.38	0.08	3.51	3.51	010
41110		A	Excision of tongue lesion	1.51	3.19	2.63	0.11	4.81	4.25	010
41112		A	Excision of tongue lesion	2.73	3.56	3.56	0.20	6.49	6.49	090
41113		A	Excision of tongue lesion	3.19	3.50	3.50	0.23	6.92	6.92	090
41114		A	Excision of tongue lesion	8.47	NA	6.59	0.64	NA	15.70	090
41115		A	Excision of tongue fold	1.74	2.69	2.53	0.13	4.56	4.40	010
41116		A	Excision of mouth lesion	2.44	3.37	3.37	0.17	5.98	5.98	090
41120		A	Partial removal of tongue	9.77	NA	9.12	0.70	NA	19.59	090
41130		A	Partial removal of tongue	11.15	NA	9.76	0.81	NA	21.72	090
41135		A	Tongue and neck surgery	23.09	NA	16.63	1.66	NA	41.38	090
41140		A	Removal of tongue	25.50	NA	17.39	1.85	NA	44.74	090
41145		A	Tongue removal, neck surgery	30.06	NA	21.36	2.11	NA	53.53	090
41150		A	Tongue, mouth, jaw surgery	23.04	NA	17.64	1.67	NA	42.35	090
41153		A	Tongue, mouth, neck surgery	23.77	NA	18.04	1.71	NA	43.52	090
41155		A	Tongue, jaw, & neck surgery	27.72	NA	20.44	2.02	NA	50.18	090
41250		A	Repair tongue laceration	1.91	2.98	1.77	0.15	5.04	3.83	010
41251		A	Repair tongue laceration	2.27	3.12	1.88	0.18	5.57	4.33	010
41252		A	Repair tongue laceration	2.97	3.23	2.33	0.23	6.43	5.53	010
41500		A	Fixation of tongue	3.71	NA	4.43	0.26	NA	8.40	090
41510		A	Tongue to lip surgery	3.42	NA	5.39	0.24	NA	9.05	090
41520		A	Reconstruction, tongue fold	2.73	3.06	3.06	0.19	5.98	5.98	090
41599		C	Tongue and mouth surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
41800		A	Drainage of gum lesion	1.17	1.96	1.43	0.09	3.22	2.69	010
41805		A	Removal foreign body, gum	1.24	2.08	2.08	0.09	3.41	3.41	010
41806		A	Removal foreign body, jawbone	2.69	2.54	2.54	0.22	5.45	5.45	010
41820		R	Excision, gum, each quadrant	0.00	0.00	0.00	0.00	0.00	0.00	000
41821		R	Excision of gum flap	0.00	0.00	0.00	0.00	0.00	0.00	000
41822		R	Excision of gum lesion	2.31	2.82	0.98	0.24	5.37	3.53	010
41823		R	Excision of gum lesion	3.30	3.54	3.23	0.29	7.13	6.82	090
41825		A	Excision of gum lesion	1.31	2.43	2.41	0.10	3.84	3.82	010
41826		A	Excision of gum lesion	2.31	2.66	2.66	0.17	5.14	5.14	010
41827		A	Excision of gum lesion	3.42	3.63	3.63	0.25	7.30	7.30	090
41828		R	Excision of gum lesion	3.09	3.07	2.47	0.22	6.38	5.78	010

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
41830	.....	R	Removal of gum tissue	3.35	3.39	2.98	0.23	6.97	6.56	010
41850	.....	R	Treatment of gum lesion	0.00	0.00	0.00	0.00	0.00	0.00	000
41870	.....	R	Gum graft	0.00	0.00	0.00	0.00	0.00	0.00	000
41872	.....	R	Repair gum	2.59	2.93	2.93	0.18	5.70	5.70	090
41874	.....	R	Repair tooth socket	3.09	2.86	2.45	0.23	6.18	5.77	090
41899	.....	C	Dental surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
42000	.....	A	Drainage mouth roof lesion	1.23	2.52	1.51	0.10	3.85	2.84	010
42100	.....	A	Biopsy roof of mouth	1.31	2.47	2.47	0.10	3.88	3.88	010
42104	.....	A	Excision lesion, mouth roof	1.64	2.58	2.58	0.12	4.34	4.34	010
42106	.....	A	Excision lesion, mouth roof	2.10	2.66	2.66	0.16	4.92	4.92	010
42107	.....	A	Excision lesion, mouth roof	4.44	4.26	4.26	0.32	9.02	9.02	090
42120	.....	A	Remove palate/lesion	6.17	NA	6.19	0.44	NA	12.80	090
42140	.....	A	Excision of uvula	1.62	3.91	3.36	0.12	5.65	5.10	090
42145	.....	A	Repair palate, pharynx/uvula	8.05	NA	7.59	0.56	NA	16.20	090
42160	.....	A	Treatment mouth roof lesion	1.80	3.25	2.72	0.13	5.18	4.65	010
42180	.....	A	Repair palate	2.50	3.29	2.25	0.19	5.98	4.94	010
42182	.....	A	Repair palate	3.83	3.10	3.10	0.27	7.20	7.20	010
42200	.....	A	Reconstruct cleft palate	12.00	NA	9.78	0.97	NA	22.75	090
42205	.....	A	Reconstruct cleft palate	13.29	NA	9.76	0.82	NA	23.87	090
42210	.....	A	Reconstruct cleft palate	14.50	NA	11.47	1.24	NA	27.21	090
42215	.....	A	Reconstruct cleft palate	8.82	NA	9.72	0.96	NA	19.50	090
42220	.....	A	Reconstruct cleft palate	7.02	NA	6.85	0.41	NA	14.28	090
42225	.....	A	Reconstruct cleft palate	9.54	NA	9.16	0.75	NA	19.45	090
42226	.....	A	Lengthening of palate	10.01	NA	9.96	0.73	NA	20.70	090
42227	.....	A	Lengthening of palate	9.52	NA	9.09	0.70	NA	19.31	090
42235	.....	A	Repair palate	7.87	NA	5.93	0.49	NA	14.29	090
42260	.....	A	Repair nose to lip fistula	9.80	6.43	6.43	0.85	17.08	17.08	090
42280	.....	A	Preparation, palate mold	1.54	1.44	0.60	0.12	3.10	2.26	010
42281	.....	A	Insertion, palate prosthesis	1.93	1.57	0.92	0.14	3.64	2.99	010
42299	.....	C	Palate/uvula surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
42300	.....	A	Drainage of salivary gland	1.93	2.65	1.98	0.15	4.73	4.06	010
42305	.....	A	Drainage of salivary gland	6.07	NA	5.38	0.46	NA	11.91	090
42310	.....	A	Drainage of salivary gland	1.56	2.32	1.82	0.11	3.99	3.49	010
42320	.....	A	Drainage of salivary gland	2.35	2.79	2.15	0.17	5.31	4.67	010
42325	.....	A	Create salivary cyst drain	2.75	3.85	1.26	0.17	6.77	4.18	090
42326	.....	A	Create salivary cyst drain	3.78	3.33	1.51	0.34	7.45	5.63	090
42330	.....	A	Removal of salivary stone	2.21	2.81	1.20	0.16	5.18	3.57	010
42335	.....	A	Removal of salivary stone	3.31	3.71	3.71	0.23	7.25	7.25	090
42340	.....	A	Removal of salivary stone	4.60	5.07	5.07	0.34	10.01	10.01	090
42400	.....	A	Biopsy of salivary gland	0.78	2.52	0.40	0.06	3.36	1.24	000
42405	.....	A	Biopsy of salivary gland	3.29	3.44	3.44	0.24	6.97	6.97	010
42408	.....	A	Excision of salivary cyst	4.54	4.71	4.71	0.34	9.59	9.59	090
42409	.....	A	Drainage of salivary cyst	2.81	3.34	3.34	0.20	6.35	6.35	090
42410	.....	A	Excise parotid gland/lesion	9.34	NA	8.20	0.77	NA	18.31	090
42415	.....	A	Excise parotid gland/lesion	16.89	NA	12.82	1.26	NA	30.97	090
42420	.....	A	Excise parotid gland/lesion	19.59	NA	14.46	1.45	NA	35.50	090
42425	.....	A	Excise parotid gland/lesion	13.02	NA	10.70	0.98	NA	24.70	090
42426	.....	A	Excise parotid gland/lesion	21.26	NA	15.44	1.57	NA	38.27	090
42440	.....	A	Excise submaxillary gland	6.97	NA	6.13	0.51	NA	13.61	090
42450	.....	A	Excise sublingual gland	4.62	4.38	4.38	0.34	9.34	9.34	090
42500	.....	A	Repair salivary duct	4.30	5.14	5.10	0.30	9.74	9.70	090
42505	.....	A	Repair salivary duct	6.18	6.02	6.02	0.44	12.64	12.64	090
42507	.....	A	Parotid duct diversion	6.11	NA	5.44	0.66	NA	12.21	090
42508	.....	A	Parotid duct diversion	9.10	NA	8.40	0.64	NA	18.14	090
42509	.....	A	Parotid duct diversion	11.54	NA	9.25	1.24	NA	22.03	090
42510	.....	A	Parotid duct diversion	8.15	NA	7.27	0.57	NA	15.99	090
42550	.....	A	Injection for salivary x-ray	1.25	12.45	0.44	0.06	13.76	1.75	000
42600	.....	A	Closure of salivary fistula	4.82	7.89	5.61	0.34	13.05	10.77	090
42650	.....	A	Dilation of salivary duct	0.77	1.13	0.41	0.06	1.96	1.24	000
42660	.....	A	Dilation of salivary duct	1.13	1.15	1.15	0.07	2.35	2.35	000
42665	.....	A	Ligation of salivary duct	2.53	3.03	3.03	0.17	5.73	5.73	090
42699	.....	C	Salivary surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
42700	.....	A	Drainage of tonsil abscess	1.62	3.30	1.93	0.12	5.04	3.67	010
42720	.....	A	Drainage of throat abscess	5.42	4.77	4.77	0.39	10.58	10.58	010
42725	.....	A	Drainage of throat abscess	10.72	NA	8.70	0.80	NA	20.22	090
42800	.....	A	Biopsy of throat	1.39	3.09	2.63	0.10	4.58	4.12	010
42802	.....	A	Biopsy of throat	1.54	3.24	2.72	0.11	4.89	4.37	010
42804	.....	A	Biopsy of upper nose/throat	1.24	3.04	2.56	0.09	4.37	3.89	010
42806	.....	A	Biopsy of upper nose/throat	1.58	3.53	2.76	0.12	5.23	4.46	010
42808	.....	A	Excise pharynx lesion	2.30	5.00	3.17	0.17	7.47	5.64	010
42809	.....	A	Remove pharynx foreign body	1.81	3.48	1.77	0.13	5.42	3.71	010
42810	.....	A	Excision of neck cyst	3.25	5.66	4.61	0.25	9.16	8.11	090
42815	.....	A	Excision of neck cyst	7.07	NA	6.67	0.53	NA	14.27	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
42820	.....	A	Remove tonsils and adenoids	3.91	NA	4.02	0.28	NA	8.21	090
42821	.....	A	Remove tonsils and adenoids	4.29	NA	4.30	0.30	NA	8.89	090
42825	.....	A	Removal of tonsils	3.42	NA	3.74	0.24	NA	7.40	090
42826	.....	A	Removal of tonsils	3.38	NA	3.81	0.23	NA	7.42	090
42830	.....	A	Removal of adenoids	2.57	NA	2.51	0.18	NA	5.26	090
42831	.....	A	Removal of adenoids	2.71	NA	2.59	0.19	NA	5.49	090
42835	.....	A	Removal of adenoids	2.30	NA	3.20	0.17	NA	5.67	090
42836	.....	A	Removal of adenoids	3.18	NA	3.69	0.22	NA	7.09	090
42842	.....	A	Extensive surgery of throat	8.76	NA	7.96	0.61	NA	17.33	090
42844	.....	A	Extensive surgery of throat	14.31	NA	11.57	1.04	NA	26.92	090
42845	.....	A	Extensive surgery of throat	24.29	NA	18.00	1.76	NA	44.05	090
42860	.....	A	Excision of tonsil tags	2.22	NA	3.08	0.16	NA	5.46	090
42870	.....	A	Excision of lingual tonsil	5.40	NA	6.18	0.38	NA	11.96	090
42890	.....	A	Partial removal of pharynx	12.94	NA	11.03	0.91	NA	24.88	090
42892	.....	A	Revision of pharyngeal walls	15.83	NA	12.68	1.14	NA	29.65	090
42894	.....	A	Revision of pharyngeal walls	22.88	NA	17.38	1.64	NA	41.90	090
42900	.....	A	Repair throat wound	5.25	NA	3.93	0.39	NA	9.57	010
42950	.....	A	Reconstruction of throat	8.10	NA	7.60	0.58	NA	16.28	090
42953	.....	A	Repair throat, esophagus	8.96	NA	9.14	0.73	NA	18.83	090
42955	.....	A	Surgical opening of throat	7.39	NA	6.55	0.63	NA	14.57	090
42960	.....	A	Control throat bleeding	2.33	NA	2.13	0.17	NA	4.63	010
42961	.....	A	Control throat bleeding	5.59	NA	5.30	0.40	NA	11.29	090
42962	.....	A	Control throat bleeding	7.14	NA	6.35	0.51	NA	14.00	090
42970	.....	A	Control nose/throat bleeding	5.43	NA	3.99	0.37	NA	9.79	090
42971	.....	A	Control nose/throat bleeding	6.21	NA	5.99	0.45	NA	12.65	090
42972	.....	A	Control nose/throat bleeding	7.20	NA	5.73	0.54	NA	13.47	090
42999	.....	C	Throat surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
43020	.....	A	Incision of esophagus	8.09	NA	6.77	0.70	NA	15.56	090
43030	.....	A	Throat muscle surgery	7.69	NA	7.00	0.60	NA	15.29	090
43045	.....	A	Incision of esophagus	20.12	NA	11.14	2.15	NA	33.41	090
43100	.....	A	Excision of esophagus lesion	9.19	NA	7.58	0.79	NA	17.56	090
43101	.....	A	Excision of esophagus lesion	16.24	NA	8.84	1.81	NA	26.89	090
43107	.....	A	Removal of esophagus	40.00	NA	18.49	3.29	NA	61.78	090
43108	.....	A	Removal of esophagus	34.19	NA	16.39	3.78	NA	54.36	090
43112	.....	A	Removal of esophagus	43.50	NA	20.06	3.67	NA	67.23	090
43113	.....	A	Removal of esophagus	35.27	NA	16.38	4.33	NA	55.98	090
43116	.....	A	Partial removal of esophagus	31.22	NA	18.49	2.62	NA	52.33	090
43117	.....	A	Partial removal of esophagus	40.00	NA	18.51	3.51	NA	62.02	090
43118	.....	A	Partial removal of esophagus	33.20	NA	15.76	3.56	NA	52.52	090
43121	.....	A	Partial removal of esophagus	29.19	NA	15.08	3.44	NA	47.71	090
43122	.....	A	Parital removal of esophagus	40.00	NA	18.05	3.27	NA	61.32	090
43123	.....	A	Partial removal of esophagus	33.20	NA	15.58	3.96	NA	52.74	090
43124	.....	A	Removal of esophagus	27.32	NA	15.15	2.95	NA	45.42	090
43130	.....	A	Removal of esophagus pouch	11.75	NA	9.05	1.06	NA	21.86	090
43135	.....	A	Removal of esophagus pouch	16.10	NA	10.09	1.85	NA	28.04	090
43200	.....	A	Esophagus endoscopy	1.59	7.92	1.22	0.11	9.62	2.92	000
43202	.....	A	Esophagus endoscopy, biopsy	1.89	6.46	1.15	0.12	8.47	3.16	000
43204	.....	A	Esophagus endoscopy & inject	3.77	NA	1.71	0.18	NA	5.66	000
43205	.....	A	Esophagus endoscopy/ligation	3.79	NA	1.71	0.17	NA	5.67	000
43215	.....	A	Esophagus endoscopy	2.60	NA	1.26	0.17	NA	4.03	000
43216	.....	A	Esophagus endoscopy/lesion	2.40	NA	1.20	0.15	NA	3.75	000
43217	.....	A	Esophagus endoscopy	2.90	NA	1.35	0.17	NA	4.42	000
43219	.....	A	Esophagus endoscopy	2.80	NA	1.43	0.16	NA	4.39	000
43220	.....	A	Esoph endoscopy, dilation	2.10	NA	1.14	0.12	NA	3.36	000
43226	.....	A	Esoph endoscopy, dilation	2.34	NA	1.21	0.12	NA	3.67	000
43227	.....	A	Esoph endoscopy, repair	3.60	NA	1.64	0.18	NA	5.42	000
43228	.....	A	Esoph endoscopy, ablation	3.77	NA	1.77	0.25	NA	5.79	000
43231	.....	A	Esoph endoscopy w/us exam	3.19	NA	1.60	0.20	NA	4.99	000
43232	.....	A	Esoph endoscopy w/us fn bx	4.48	NA	2.15	0.26	NA	6.89	000
43234	.....	A	Upper GI endoscopy, exam	2.01	4.58	1.06	0.13	6.72	3.20	000
43235	.....	A	Uppr GI endoscopy, diagnosis	2.39	6.38	1.23	0.13	8.90	3.75	000
43239	.....	A	Upper GI endoscopy, biopsy	2.87	6.79	1.27	0.14	9.80	4.28	000
43240	.....	A	Esoph endoscope w/drain cyst	6.86	NA	2.97	0.36	NA	10.19	000
43241	.....	A	Upper GI endoscopy with tube	2.59	NA	1.27	0.14	NA	4.00	000
43242	.....	A	Uppr GI endoscopy w/us fn bx	7.31	2.64	2.64	0.29	10.24	10.24	000
43243	.....	A	Upper GI endoscopy & inject	4.57	NA	2.00	0.21	NA	6.78	000
43244	.....	A	Upper GI endoscopy/ligation	5.05	NA	2.18	0.21	NA	7.44	000
43245	.....	A	Operative upper GI endoscopy	3.39	NA	1.55	0.18	NA	5.12	000
43246	.....	A	Place gastrostomy tube	4.33	NA	1.84	0.24	NA	6.41	000
43247	.....	A	Operative upper GI endoscopy	3.39	NA	1.56	0.17	NA	5.12	000
43248	.....	A	Uppr GI endoscopy/guide wire	3.15	NA	1.49	0.15	NA	4.79	000
43249	.....	A	Esoph endoscopy, dilation	2.90	NA	1.39	0.15	NA	4.44	000
43250	.....	A	Upper GI endoscopy/tumor	3.20	NA	1.48	0.17	NA	4.85	000

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
43251	.....	A	Operative upper GI endoscopy	3.70	NA	1.67	0.19	NA	5.56	000
43255	.....	A	Operative upper GI endoscopy	4.82	NA	1.97	0.20	NA	6.99	000
43256	.....	A	Uppr GI endoscopy w stent	4.60	1.66	1.66	0.23	6.49	6.49	000
43258	.....	A	Operative upper GI endoscopy	4.55	NA	1.99	0.22	NA	6.76	000
43259	.....	A	Endoscopic ultrasound exam	4.89	NA	2.22	0.22	NA	7.33	000
43260	.....	A	Endo cholangiopancreatograph	5.96	NA	2.50	0.27	NA	8.73	000
43261	.....	A	Endo cholangiopancreatograph	6.27	NA	2.62	0.29	NA	9.18	000
43262	.....	A	Endo cholangiopancreatograph	7.39	NA	3.03	0.34	NA	10.76	000
43263	.....	A	Endo cholangiopancreatograph	7.29	NA	3.00	0.28	NA	10.57	000
43264	.....	A	Endo cholangiopancreatograph	8.90	NA	3.58	0.41	NA	12.89	000
43265	.....	A	Endo cholangiopancreatograph	10.02	NA	3.99	0.42	NA	14.43	000
43267	.....	A	Endo cholangiopancreatograph	7.39	NA	3.04	0.34	NA	10.77	000
43268	.....	A	Endo cholangiopancreatograph	7.39	NA	3.03	0.34	NA	10.76	000
43269	.....	A	Endo cholangiopancreatograph	8.21	NA	3.33	0.28	NA	11.82	000
43271	.....	A	Endo cholangiopancreatograph	7.39	NA	3.02	0.34	NA	10.75	000
43272	.....	A	Endo cholangiopancreatograph	7.39	NA	3.04	0.34	NA	10.77	000
43280	.....	A	Laparoscopy, fundoplasty	17.25	NA	8.43	1.76	NA	27.44	090
43289	.....	C	Laparoscope proc, esoph	0.00	0.00	0.00	0.00	0.00	0.00	YYY
43300	.....	A	Repair of esophagus	9.14	NA	7.31	0.85	NA	17.30	090
43305	.....	A	Repair esophagus and fistula	17.39	NA	12.84	1.36	NA	31.59	090
43310	.....	A	Repair of esophagus	25.39	NA	14.51	3.18	NA	43.08	090
43312	.....	A	Repair esophagus and fistula	28.42	NA	17.45	3.38	NA	49.25	090
43313	.....	A	Esophagoplasty congential	45.28	NA	22.01	5.43	NA	72.72	090
43314	.....	A	Tracheo-esophagoplasty cong	50.27	NA	24.07	5.53	NA	79.87	090
43320	.....	A	Fuse esophagus & stomach	19.93	NA	10.67	1.59	NA	32.19	090
43324	.....	A	Revise esophagus & stomach	20.57	NA	9.79	1.72	NA	32.08	090
43325	.....	A	Revise esophagus & stomach	20.06	NA	10.08	1.65	NA	31.79	090
43326	.....	A	Revise esophagus & stomach	19.74	NA	10.33	1.84	NA	31.91	090
43330	.....	A	Repair of esophagus	19.77	NA	9.78	1.52	NA	31.07	090
43331	.....	A	Repair of esophagus	20.13	NA	11.41	1.93	NA	33.47	090
43340	.....	A	Fuse esophagus & intestine	19.61	NA	10.31	1.53	NA	31.45	090
43341	.....	A	Fuse esophagus & intestine	20.85	NA	11.17	2.14	NA	34.16	090
43350	.....	A	Surgical opening, esophagus	15.78	NA	10.50	1.15	NA	27.43	090
43351	.....	A	Surgical opening, esophagus	18.35	NA	10.91	1.51	NA	30.77	090
43352	.....	A	Surgical opening, esophagus	15.26	NA	9.59	1.28	NA	26.13	090
43360	.....	A	Gastrointestinal repair	35.70	NA	17.43	3.00	NA	56.13	090
43361	.....	A	Gastrointestinal repair	40.50	NA	17.93	3.52	NA	61.95	090
43400	.....	A	Ligate esophagus veins	21.20	NA	10.46	0.99	NA	32.65	090
43401	.....	A	Esophagus surgery for veins	22.09	NA	10.34	1.73	NA	34.16	090
43405	.....	A	Ligate/staple esophagus	20.01	NA	9.45	1.63	NA	31.09	090
43410	.....	A	Repair esophagus wound	13.47	NA	9.35	1.15	NA	23.97	090
43415	.....	A	Repair esophagus wound	25.00	NA	12.50	1.92	NA	39.42	090
43420	.....	A	Repair esophagus opening	14.35	NA	9.15	0.86	NA	24.36	090
43425	.....	A	Repair esophagus opening	21.03	NA	11.00	2.03	NA	34.06	090
43450	.....	A	Dilate esophagus	1.38	1.47	0.63	0.07	2.92	2.08	000
43453	.....	A	Dilate esophagus	1.51	NA	0.68	0.08	NA	2.27	000
43456	.....	A	Dilate esophagus	2.57	NA	1.07	0.14	NA	3.78	000
43458	.....	A	Dilate esophagus	3.06	NA	1.26	0.17	NA	4.49	000
43460	.....	A	Pressure treatment esophagus	3.80	NA	1.54	0.21	NA	5.55	000
43496	.....	C	Free jejunum flap, microvasc	0.00	0.00	0.00	0.00	0.00	0.00	090
43499	.....	C	Esophagus surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
43500	.....	A	Surgical opening of stomach	11.05	NA	5.23	0.84	NA	17.12	090
43501	.....	A	Surgical repair of stomach	20.04	NA	8.86	1.55	NA	30.45	090
43502	.....	A	Surgical repair of stomach	23.13	NA	10.16	1.83	NA	35.12	090
43510	.....	A	Surgical opening of stomach	13.08	NA	7.50	0.90	NA	21.48	090
43520	.....	A	Incision of pyloric muscle	9.99	NA	5.73	0.84	NA	16.56	090
43600	.....	A	Biopsy of stomach	1.91	NA	1.05	0.11	NA	3.07	000
43605	.....	A	Biopsy of stomach	11.98	NA	5.55	0.93	NA	18.46	090
43610	.....	A	Excision of stomach lesion	14.60	NA	6.85	1.14	NA	22.59	090
43611	.....	A	Excision of stomach lesion	17.84	NA	8.12	1.38	NA	27.34	090
43620	.....	A	Removal of stomach	30.04	NA	12.89	2.29	NA	45.22	090
43621	.....	A	Removal of stomach	30.73	NA	13.21	2.36	NA	46.30	090
43622	.....	A	Removal of stomach	32.53	NA	13.79	2.48	NA	48.80	090
43631	.....	A	Removal of stomach, partial	22.59	NA	9.72	1.99	NA	34.30	090
43632	.....	A	Removal of stomach, partial	22.59	NA	9.73	2.00	NA	34.32	090
43633	.....	A	Removal of stomach, partial	23.10	NA	9.87	2.05	NA	35.02	090
43634	.....	A	Removal of stomach, partial	25.12	NA	10.84	2.18	NA	38.14	090
43635	.....	A	Removal of stomach, partial	2.06	NA	0.74	0.21	NA	3.01	ZZZ
43638	.....	A	Removal of stomach, partial	29.00	NA	12.13	2.24	NA	43.37	090
43639	.....	A	Removal of stomach, partial	29.65	NA	12.30	2.31	NA	44.26	090
43640	.....	A	Vagotomy & pylorus repair	17.02	NA	7.72	1.51	NA	26.25	090
43641	.....	A	Vagotomy & pylorus repair	17.27	NA	7.82	1.53	NA	26.62	090
43651	.....	A	Laparoscopy, vagus nerve	10.15	NA	4.71	1.03	NA	15.89	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
43652		A	Laparoscopy, vagus nerve	12.15	NA	5.53	1.25	NA	18.93	090
43653		A	Laparoscopy, gastrostomy	7.73	NA	4.37	0.78	NA	12.88	090
43659		C	Laparoscope proc, stom	0.00	0.00	0.00	0.00	0.00	0.00	YYY
43750		A	Place gastrostomy tube	4.49	NA	2.72	0.33	NA	7.54	010
43752		B	Nasal/orogastric w/stent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
43760		A	Change gastrostomy tube	1.10	1.47	0.46	0.07	2.64	1.63	000
43761		A	Reposition gastrostomy tube	2.01	NA	0.83	0.10	NA	2.94	000
43800		A	Reconstruction of pylorus	13.69	NA	6.60	1.07	NA	21.36	090
43810		A	Fusion of stomach and bowel	14.65	NA	6.94	1.10	NA	22.69	090
43820		A	Fusion of stomach and bowel	15.37	NA	7.15	1.18	NA	23.70	090
43825		A	Fusion of stomach and bowel	19.22	NA	8.56	1.50	NA	29.28	090
43830		A	Place gastrostomy tube	9.53	NA	5.06	0.69	NA	15.28	090
43831		A	Place gastrostomy tube	7.84	NA	4.67	0.81	NA	13.32	090
43832		A	Place gastrostomy tube	15.60	NA	7.66	1.13	NA	24.39	090
43840		A	Repair of stomach lesion	15.56	NA	7.21	1.20	NA	23.97	090
43842		A	Gastroplasty for obesity	18.47	NA	11.24	1.51	NA	31.22	090
43843		A	Gastroplasty for obesity	18.65	NA	11.25	1.53	NA	31.43	090
43846		A	Gastric bypass for obesity	24.05	NA	13.68	1.96	NA	39.69	090
43847		A	Gastric bypass for obesity	26.92	NA	15.28	2.14	NA	44.34	090
43848		A	Revision gastroplasty	29.39	NA	16.54	2.39	NA	48.32	090
43850		A	Revise stomach-bowel fusion	24.72	NA	10.42	1.97	NA	37.11	090
43855		A	Revise stomach-bowel fusion	26.16	NA	11.12	2.01	NA	39.29	090
43860		A	Revise stomach-bowel fusion	25.00	NA	10.58	2.03	NA	37.61	090
43865		A	Revise stomach-bowel fusion	26.52	NA	11.21	2.15	NA	39.88	090
43870		A	Repair stomach opening	9.69	NA	5.22	0.71	NA	15.62	090
43880		A	Repair stomach-bowel fistula	24.65	NA	10.87	1.94	NA	37.46	090
43999		C	Stomach surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
44005		A	Freeing of bowel adhesion	16.23	NA	7.40	1.39	NA	25.02	090
44010		A	Incision of small bowel	12.52	NA	6.48	1.05	NA	20.05	090
44015		A	Insert needle cath bowel	2.62	NA	0.93	0.25	NA	3.80	ZZZ
44020		A	Explore small intestine	13.99	NA	6.56	1.20	NA	21.75	090
44021		A	Decompress small bowel	14.08	NA	7.02	1.18	NA	22.28	090
44025		A	Incision of large bowel	14.28	NA	6.65	1.21	NA	22.14	090
44050		A	Reduce bowel obstruction	14.03	NA	6.60	1.15	NA	21.78	090
44055		A	Correct malrotation of bowel	22.00	NA	9.51	1.32	NA	32.83	090
44100		A	Biopsy of bowel	2.01	NA	1.09	0.12	NA	3.22	000
44110		A	Excise intestine lesion(s)	11.81	NA	5.84	1.00	NA	18.65	090
44111		A	Excision of bowel lesion(s)	14.29	NA	7.10	1.22	NA	22.61	090
44120		A	Removal of small intestine	17.00	NA	7.67	1.46	NA	26.13	090
44121		A	Removal of small intestine	4.45	NA	1.60	0.45	NA	6.50	ZZZ
44125		A	Removal of small intestine	17.54	NA	7.86	1.49	NA	26.89	090
44126		A	Enterectomy w/taper, cong	35.50	NA	18.03	0.36	NA	53.89	090
44127		A	Enterectomy w/o taper, cong	41.00	NA	20.56	0.41	NA	61.97	090
44128		A	Enterectomy cong, add-on	4.45	NA	1.78	0.45	NA	6.68	ZZZ
44130		A	Bowel to bowel fusion	14.49	NA	6.78	1.23	NA	22.50	090
44132		R	Enterectomy, cadaver donor	0.00	0.00	0.00	0.00	0.00	0.00	XXX
44133		R	Enterectomy, live donor	0.00	0.00	0.00	0.00	0.00	0.00	XXX
44135		R	Intestine transplant, cadaver	0.00	0.00	0.00	0.00	0.00	0.00	XXX
44136		R	Intestine transplant, live	0.00	0.00	0.00	0.00	0.00	0.00	XXX
44139		A	Mobilization of colon	2.23	NA	0.80	0.21	NA	3.24	ZZZ
44140		A	Partial removal of colon	21.00	NA	9.53	1.83	NA	32.36	090
44141		A	Partial removal of colon	19.51	NA	11.93	1.95	NA	33.39	090
44143		A	Partial removal of colon	22.99	NA	13.14	2.02	NA	38.15	090
44144		A	Partial removal of colon	21.53	NA	11.75	1.89	NA	35.17	090
44145		A	Partial removal of colon	26.42	NA	11.90	2.22	NA	40.54	090
44146		A	Partial removal of colon	27.54	NA	15.41	2.20	NA	45.15	090
44147		A	Partial removal of colon	20.71	NA	10.15	1.74	NA	32.60	090
44150		A	Removal of colon	23.95	NA	14.08	2.05	NA	40.08	090
44151		A	Removal of colon/ileostomy	26.88	NA	15.74	1.97	NA	44.59	090
44152		A	Removal of colon/ileostomy	27.83	NA	17.01	2.36	NA	47.20	090
44153		A	Removal of colon/ileostomy	30.59	NA	16.64	2.33	NA	49.56	090
44155		A	Removal of colon/ileostomy	27.86	NA	15.28	2.26	NA	45.40	090
44156		A	Removal of colon/ileostomy	30.79	NA	17.86	2.19	NA	50.84	090
44160		A	Removal of colon	18.62	NA	8.65	1.55	NA	28.82	090
44200		A	Laparoscopy, enterolysis	14.44	NA	6.79	1.46	NA	22.69	090
44201		A	Laparoscopy, jejunostomy	9.78	NA	5.16	0.97	NA	15.91	090
44202		A	Lap resect s/intestine singl	22.04	NA	9.82	2.16	NA	34.02	090
44203		A	Lap resect s/intestine, addl	4.45	NA	1.60	0.45	NA	6.50	ZZZ
44204		A	Laparo partial colectomy	25.08	NA	10.46	1.83	NA	37.37	090
44205		A	Lap colectomy part w/ileum	22.23	NA	9.31	1.55	NA	33.09	090
44209		C	Laparoscope proc, intestine	0.00	0.00	0.00	0.00	0.00	0.00	YYY
44300		A	Open bowel to skin	12.11	NA	6.79	0.88	NA	19.78	090
44310		A	Ileostomy/jejunostomy	15.95	NA	10.50	1.13	NA	27.58	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
44312		A	Revision of ileostomy	8.02	NA	5.25	0.54	NA	13.81	090
44314		A	Revision of ileostomy	15.05	NA	10.37	0.99	NA	26.41	090
44316		A	Devise bowel pouch	21.09	NA	13.77	1.41	NA	36.27	090
44320		A	Colostomy	17.64	NA	12.13	1.28	NA	31.05	090
44322		A	Colostomy with biopsies	11.98	NA	10.41	1.18	NA	23.57	090
44340		A	Revision of colostomy	7.72	NA	4.86	0.56	NA	13.14	090
44345		A	Revision of colostomy	15.43	NA	8.34	1.11	NA	24.88	090
44346		A	Revision of colostomy	16.99	NA	8.91	1.20	NA	27.10	090
44360		A	Small bowel endoscopy	2.59	NA	1.39	0.14	NA	4.12	000
44361		A	Small bowel endoscopy/biopsy	2.87	NA	1.50	0.15	NA	4.52	000
44363		A	Small bowel endoscopy	3.50	NA	1.71	0.19	NA	5.40	000
44364		A	Small bowel endoscopy	3.74	NA	1.80	0.21	NA	5.75	000
44365		A	Small bowel endoscopy	3.31	NA	1.68	0.18	NA	5.17	000
44366		A	Small bowel endoscopy	4.41	NA	2.05	0.22	NA	6.68	000
44369		A	Small bowel endoscopy	4.52	NA	2.05	0.23	NA	6.80	000
44370		A	Small bowel endoscopy/stent	4.80	1.74	1.74	0.21	6.75	6.75	000
44372		A	Small bowel endoscopy	4.41	NA	2.04	0.27	NA	6.72	000
44373		A	Small bowel endoscopy	3.50	NA	1.80	0.19	NA	5.49	000
44376		A	Small bowel endoscopy	5.26	NA	2.36	0.29	NA	7.91	000
44377		A	Small bowel endoscopy/biopsy	5.53	NA	2.47	0.28	NA	8.28	000
44378		A	Small bowel endoscopy	7.13	NA	3.06	0.37	NA	10.56	000
44379		A	S bowel endoscope w/stent	7.47	2.67	2.67	0.38	10.52	10.52	000
44380		A	Small bowel endoscopy	1.05	NA	0.79	0.08	NA	1.92	000
44382		A	Small bowel endoscopy	1.27	NA	0.90	0.09	NA	2.26	000
44383		A	Ileoscopy w/stent	3.26	1.16	1.16	0.13	4.55	4.55	000
44385		A	Endoscopy of bowel pouch	1.82	5.26	0.95	0.12	7.20	2.89	000
44386		A	Endoscopy, bowel pouch/biop	2.12	6.98	1.09	0.15	9.25	3.36	000
44388		A	Colon endoscopy	2.82	6.91	1.42	0.18	9.91	4.42	000
44389		A	Colonoscopy with biopsy	3.13	7.62	1.55	0.18	10.93	4.86	000
44390		A	Colonoscopy for foreign body	3.83	6.68	1.80	0.22	10.73	5.85	000
44391		A	Colonoscopy for bleeding	4.32	6.04	1.78	0.23	10.59	6.33	000
44392		A	Colonoscopy & polypectomy	3.82	8.21	1.79	0.23	12.26	5.84	000
44393		A	Colonoscopy, lesion removal	4.84	8.45	2.19	0.27	13.56	7.30	000
44394		A	Colonoscopy w/snare	4.43	7.71	2.04	0.26	12.40	6.73	000
44397		A	Colonoscopy w stent	4.71	NA	2.10	0.28	NA	7.09	000
44500		A	Intro, gastrointestinal tube	0.49	NA	0.37	0.02	NA	0.88	000
44602		A	Suture, small intestine	16.03	NA	7.34	1.07	NA	24.44	090
44603		A	Suture, small intestine	18.66	NA	8.25	1.39	NA	28.30	090
44604		A	Suture, large intestine	16.03	NA	7.35	1.42	NA	24.80	090
44605		A	Repair of bowel lesion	19.53	NA	8.94	1.54	NA	30.01	090
44615		A	Intestinal stricturoplasty	15.93	NA	7.32	1.39	NA	24.64	090
44620		A	Repair bowel opening	12.20	NA	5.81	1.05	NA	19.06	090
44625		A	Repair bowel opening	15.05	NA	6.86	1.30	NA	23.21	090
44626		A	Repair bowel opening	25.36	NA	10.60	2.19	NA	38.15	090
44640		A	Repair bowel-skin fistula	21.65	NA	9.70	1.46	NA	32.81	090
44650		A	Repair bowel fistula	22.57	NA	10.01	1.49	NA	34.07	090
44660		A	Repair bowel-bladder fistula	21.36	NA	9.51	1.14	NA	32.01	090
44661		A	Repair bowel-bladder fistula	24.81	NA	10.73	1.53	NA	37.07	090
44680		A	Surgical revision, intestine	15.40	NA	7.47	1.37	NA	24.24	090
44700		A	Suspend bowel w/prosthesis	16.11	NA	7.57	1.21	NA	24.89	090
44799		C	Intestine surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
44800		A	Excision of bowel pouch	11.23	NA	5.61	1.11	NA	17.95	090
44820		A	Excision of mesentery lesion	12.09	NA	5.98	1.03	NA	19.10	090
44850		A	Repair of mesentery	10.74	NA	5.41	0.99	NA	17.14	090
44899		C	Bowel surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
44900		A	Drain app abscess, open	10.14	NA	5.96	0.84	NA	16.94	090
44901		A	Drain app abscess, percut	3.38	NA	5.01	0.17	NA	8.56	000
44950		A	Appendectomy	10.00	NA	5.31	0.88	NA	16.19	090
44955		A	Appendectomy add-on	1.53	NA	0.57	0.16	NA	2.26	ZZZ
44960		A	Appendectomy	12.34	NA	6.50	1.09	NA	19.93	090
44970		A	Laparoscopy, appendectomy	8.70	NA	4.21	0.88	NA	13.79	090
44979		C	Laparoscope proc, app	0.00	0.00	0.00	0.00	0.00	0.00	YYY
45000		A	Drainage of pelvic abscess	4.52	NA	3.80	0.37	NA	8.69	090
45005		A	Drainage of rectal abscess	1.99	4.58	1.62	0.18	6.75	3.79	010
45020		A	Drainage of rectal abscess	4.72	NA	4.21	0.41	NA	9.34	090
45100		A	Biopsy of rectum	3.68	4.86	2.12	0.33	8.87	6.13	090
45108		A	Removal of anorectal lesion	4.76	6.40	2.95	0.46	11.62	8.17	090
45110		A	Removal of rectum	28.00	NA	13.26	2.26	NA	43.52	090
45111		A	Partial removal of rectum	16.48	NA	8.78	1.60	NA	26.86	090
45112		A	Removal of rectum	30.54	NA	13.70	2.35	NA	46.59	090
45113		A	Partial proctectomy	30.58	NA	13.39	2.13	NA	46.10	090
45114		A	Partial removal of rectum	27.32	NA	12.61	2.28	NA	42.21	090
45116		A	Partial removal of rectum	24.58	NA	11.58	2.00	NA	38.16	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
45119	.....	A	Remove rectum w/reservoir	30.84	NA	13.25	2.13	NA	46.22	090
45120	.....	A	Removal of rectum	24.60	NA	11.63	2.28	NA	38.51	090
45121	.....	A	Removal of rectum and colon	27.04	NA	12.53	2.66	NA	42.23	090
45123	.....	A	Partial proctectomy	16.71	NA	8.21	1.04	NA	25.96	090
45126	.....	A	Pelvic exenteration	45.16	NA	19.12	3.23	NA	67.51	090
45130	.....	A	Excision of rectal prolapse	16.44	NA	7.80	1.12	NA	25.36	090
45135	.....	A	Excision of rectal prolapse	19.28	NA	9.10	1.52	NA	29.90	090
45136	.....	A	Excise ileoanal reservoir	27.30	NA	12.66	2.19	NA	42.15	090
45150	.....	A	Excision of rectal stricture	5.67	5.89	3.19	0.46	12.02	9.32	090
45160	.....	A	Excision of rectal lesion	15.32	NA	7.14	1.07	NA	23.53	090
45170	.....	A	Excision of rectal lesion	11.49	NA	5.89	0.89	NA	18.27	090
45190	.....	A	Destruction, rectal tumor	9.74	NA	5.33	0.76	NA	15.83	090
45300	.....	A	Proctosigmoidoscopy dx	0.38	1.34	0.23	0.05	1.77	0.66	000
45303	.....	A	Proctosigmoidoscopy dilate	0.44	1.55	0.27	0.06	2.05	0.77	000
45305	.....	A	Protosigmoidoscopy w/bx	1.01	1.64	0.46	0.09	2.74	1.56	000
45307	.....	A	Protosigmoidoscopy fb	0.94	2.68	0.44	0.15	3.77	1.53	000
45308	.....	A	Protosigmoidoscopy removal	0.83	1.59	0.39	0.13	2.55	1.35	000
45309	.....	A	Protosigmoidoscopy removal	2.01	2.43	0.81	0.17	4.61	2.99	000
45315	.....	A	Protosigmoidoscopy removal	1.40	2.84	0.60	0.20	4.44	2.20	000
45317	.....	A	Protosigmoidoscopy bleed	1.50	1.94	0.63	0.20	3.64	2.33	000
45320	.....	A	Protosigmoidoscopy ablate	1.58	1.88	0.68	0.20	3.66	2.46	000
45321	.....	A	Protosigmoidoscopy volvul	1.17	NA	0.52	0.17	NA	1.86	000
45327	.....	A	Proctosigmoidoscopy w/stent	1.65	NA	0.89	0.10	NA	2.64	000
45330	.....	A	Diagnostic sigmoidoscopy	0.96	1.92	0.53	0.05	2.93	1.54	000
45331	.....	A	Sigmoidoscopy and biopsy	1.15	2.38	0.54	0.07	3.60	1.76	000
45332	.....	A	Sigmoidoscopy w/fb removal	1.79	4.36	0.76	0.11	6.26	2.66	000
45333	.....	A	Sigmoidoscopy & polypectomy	1.79	3.93	0.77	0.12	5.84	2.68	000
45334	.....	A	Sigmoidoscopy for bleeding	2.73	NA	1.12	0.16	NA	4.01	000
45337	.....	A	Sigmoidoscopy & decompress	2.36	NA	0.97	0.15	NA	3.48	000
45338	.....	A	Sigmoidoscpy w/tumr remove	2.34	4.75	0.97	0.15	7.24	3.46	000
45339	.....	A	Sigmoidoscopy w/ablate tumr	3.14	3.62	1.27	0.17	6.93	4.58	000
45341	.....	A	Sigmoidoscopy w/ultrasound	2.60	NA	1.40	0.20	NA	4.20	000
45342	.....	A	Sigmoidoscopy w/us guide bx	4.06	NA	1.85	0.23	NA	6.14	000
45345	.....	A	Sigmodoscopy w/stent	2.92	NA	1.44	0.15	NA	4.51	000
45355	.....	A	Surgical colonoscopy	3.52	NA	1.28	0.26	NA	5.06	000
45378	.....	A	Diagnostic colonoscopy	3.70	8.79	1.77	0.20	12.69	5.67	000
45378	53	A	Diagnostic colonoscopy	0.96	1.92	0.53	0.05	2.93	1.54	000
45379	.....	A	Colonoscopy w/fb removal	4.69	8.25	2.13	0.25	13.19	7.07	000
45380	.....	A	Colonoscopy and biopsy	4.44	9.28	2.05	0.21	13.93	6.70	000
45382	.....	A	Colonoscopy/control bleeding	5.69	10.32	2.29	0.27	16.28	8.25	000
45383	.....	A	Lesion removal colonoscopy	5.87	10.01	2.56	0.32	16.20	8.75	000
45384	.....	A	Lesion remove colonoscopy	4.70	9.74	2.14	0.24	14.68	7.08	000
45385	.....	A	Lesion removal colonoscopy	5.31	10.19	2.36	0.28	15.78	7.95	000
45387	.....	A	Colonoscopy w/stent	5.91	NA	2.57	0.33	NA	8.81	000
45500	.....	A	Repair of rectum	7.29	NA	4.24	0.56	NA	12.09	090
45505	.....	A	Repair of rectum	7.58	NA	3.86	0.50	NA	11.94	090
45520	.....	A	Treatment of rectal prolapse	0.55	0.77	0.20	0.04	1.36	0.79	000
45540	.....	A	Correct rectal prolapse	16.27	NA	8.18	1.17	NA	25.62	090
45541	.....	A	Correct rectal prolapse	13.40	NA	7.03	0.88	NA	21.31	090
45550	.....	A	Repair rectum/remove sigmoid	23.00	NA	10.40	1.58	NA	34.98	090
45560	.....	A	Repair of rectocele	10.58	NA	6.12	0.73	NA	17.43	090
45562	.....	A	Exploration/repair of rectum	15.38	NA	7.52	1.15	NA	24.05	090
45563	.....	A	Exploration/repair of rectum	23.47	NA	11.34	1.84	NA	36.65	090
45800	.....	A	Repair rect/bladder fistula	17.77	NA	8.23	1.14	NA	27.14	090
45805	.....	A	Repair fistula w/colostomy	20.78	NA	10.72	1.47	NA	32.97	090
45820	.....	A	Repair rectourethral fistula	18.48	NA	8.55	1.17	NA	28.20	090
45825	.....	A	Repair fistula w/colostomy	21.25	NA	10.57	0.97	NA	32.79	090
45900	.....	A	Reduction of rectal prolapse	2.61	NA	1.04	0.17	NA	3.82	010
45905	.....	A	Dilation of anal sphincter	2.30	12.19	0.96	0.14	14.63	3.40	010
45910	.....	A	Dilation of rectal narrowing	2.80	17.62	1.15	0.14	20.56	4.09	010
45915	.....	A	Remove rectal obstruction	3.14	4.89	1.16	0.17	8.20	4.47	010
45999	.....	C	Rectum surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
46020	.....	A	Placement of seton	2.90	3.09	2.36	0.22	6.21	5.48	010
46030	.....	A	Removal of rectal marker	1.23	2.90	1.22	0.11	4.24	2.56	010
46040	.....	A	Incision of rectal abscess	4.96	5.57	3.15	0.48	11.01	8.59	090
46045	.....	A	Incision of rectal abscess	4.32	NA	2.88	0.40	NA	7.60	090
46050	.....	A	Incision of anal abscess	1.19	3.68	1.37	0.11	4.98	2.67	010
46060	.....	A	Incision of rectal abscess	5.69	NA	3.83	0.52	NA	10.04	090
46070	.....	A	Incision of anal septum	2.71	NA	2.54	0.27	NA	5.52	090
46080	.....	A	Incision of anal sphincter	2.49	3.81	1.65	0.23	6.53	4.37	010
46083	.....	A	Incise external hemorrhoid	1.40	4.78	1.59	0.12	6.30	3.11	010
46200	.....	A	Removal of anal fissure	3.42	4.01	2.42	0.30	7.73	6.14	090
46210	.....	A	Removal of anal crypt	2.67	5.12	2.17	0.26	8.05	5.10	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
46211		A	Removal of anal crypts	4.25	4.97	3.10	0.37	9.59	7.72	090
46220		A	Removal of anal tab	1.56	1.32	0.56	0.14	3.02	2.26	010
46221		A	Ligation of hemorrhoid(s)	2.04	1.80	1.12	0.12	3.96	3.28	010
46230		A	Removal of anal tabs	2.57	4.38	1.69	0.22	7.17	4.48	010
46250		A	Hemorrhoidectomy	3.89	5.59	2.71	0.43	9.91	7.03	090
46255		A	Hemorrhoidectomy	4.60	6.45	2.96	0.51	11.56	8.07	090
46257		A	Remove hemorrhoids & fissure	5.40	NA	3.12	0.59	NA	9.11	090
46258		A	Remove hemorrhoids & fistula	5.73	NA	3.30	0.64	NA	9.67	090
46260		A	Hemorrhoidectomy	6.37	NA	4.04	0.68	NA	11.09	090
46261		A	Remove hemorrhoids & fissure	7.08	NA	4.19	0.70	NA	11.97	090
46262		A	Remove hemorrhoids & fistula	7.50	NA	4.35	0.76	NA	12.61	090
46270		A	Removal of anal fistula	3.72	5.23	2.65	0.36	9.31	6.73	090
46275		A	Removal of anal fistula	4.56	4.65	2.85	0.40	9.61	7.81	090
46280		A	Removal of anal fistula	5.98	NA	3.83	0.50	NA	10.31	090
46285		A	Removal of anal fistula	4.09	4.28	2.69	0.34	8.71	7.12	090
46288		A	Repair anal fistula	7.13	NA	4.25	0.60	NA	11.98	090
46320		A	Removal of hemorrhoid clot	1.61	4.00	1.57	0.14	5.75	3.32	010
46500		A	Injection into hemorrhoid(s)	1.61	2.89	0.58	0.12	4.62	2.31	010
46600		A	Diagnostic anoscopy	0.50	0.82	0.15	0.04	1.36	0.69	000
46604		A	Anoscopy and dilation	1.31	0.99	0.47	0.09	2.39	1.87	000
46606		A	Anoscopy and biopsy	0.81	0.87	0.29	0.07	1.75	1.17	000
46608		A	Anoscopy/remove for body	1.51	1.81	0.49	0.13	3.45	2.13	000
46610		A	Anoscopy/remove lesion	1.32	1.46	0.48	0.12	2.90	1.92	000
46611		A	Anoscopy	1.81	2.07	0.65	0.15	4.03	2.61	000
46612		A	Anoscopy/ remove lesions	2.34	2.65	0.85	0.18	5.17	3.37	000
46614		A	Anoscopy/control bleeding	2.01	1.90	0.71	0.14	4.05	2.86	000
46615		A	Anoscopy	2.68	1.76	0.96	0.23	4.67	3.87	000
46700		A	Repair of anal stricture	9.13	NA	4.78	0.56	NA	14.47	090
46705		A	Repair of anal stricture	6.90	NA	4.53	0.73	NA	12.16	090
46715		A	Repair of anovaginal fistula	7.20	NA	4.46	0.76	NA	12.42	090
46716		A	Repair of anovaginal fistula	15.07	NA	8.05	1.30	NA	24.42	090
46730		A	Construction of absent anus	26.75	NA	12.25	2.03	NA	41.03	090
46735		A	Construction of absent anus	32.17	NA	15.49	2.64	NA	50.30	090
46740		A	Construction of absent anus	30.00	NA	14.61	1.99	NA	46.60	090
46742		A	Repair of imperforated anus	35.80	NA	18.31	2.63	NA	56.74	090
46744		A	Repair of cloacal anomaly	52.63	NA	22.78	2.27	NA	77.68	090
46746		A	Repair of cloacal anomaly	58.22	NA	27.19	2.51	NA	87.92	090
46748		A	Repair of cloacal anomaly	64.21	NA	29.58	2.77	NA	96.56	090
46750		A	Repair of anal sphincter	10.25	NA	5.79	0.69	NA	16.73	090
46751		A	Repair of anal sphincter	8.77	NA	6.14	0.78	NA	15.69	090
46753		A	Reconstruction of anus	8.29	NA	4.13	0.58	NA	13.00	090
46754		A	Removal of suture from anus	2.20	5.36	1.43	0.12	7.68	3.75	010
46760		A	Repair of anal sphincter	14.43	NA	7.07	0.86	NA	22.36	090
46761		A	Repair of anal sphincter	13.84	NA	6.87	0.84	NA	21.55	090
46762		A	Implant artificial sphincter	12.71	NA	6.08	0.71	NA	19.50	090
46900		A	Destruction, anal lesion(s)	1.91	3.52	0.74	0.13	5.56	2.78	010
46910		A	Destruction, anal lesion(s)	1.86	3.81	1.48	0.14	5.81	3.48	010
46916		A	Cryosurgery, anal lesion(s)	1.86	3.24	1.68	0.09	5.19	3.63	010
46917		A	Laser surgery, anal lesions	1.86	5.32	1.62	0.16	7.34	3.64	010
46922		A	Excision of anal lesion(s)	1.86	3.96	1.46	0.17	5.99	3.49	010
46924		A	Destruction, anal lesion(s)	2.76	4.81	1.77	0.20	7.77	4.73	010
46934		A	Destruction of hemorrhoids	3.51	6.62	3.77	0.26	10.39	7.54	090
46935		A	Destruction of hemorrhoids	2.43	4.60	0.87	0.17	7.20	3.47	010
46936		A	Destruction of hemorrhoids	3.69	6.67	3.58	0.30	10.66	7.57	090
46937		A	Cryotherapy of rectal lesion	2.69	4.51	1.72	0.12	7.32	4.53	010
46938		A	Cryotherapy of rectal lesion	4.66	6.22	3.27	0.40	11.28	8.33	090
46940		A	Treatment of anal fissure	2.32	3.47	0.83	0.17	5.96	3.32	010
46942		A	Treatment of anal fissure	2.04	2.84	0.71	0.14	5.02	2.89	010
46945		A	Ligation of hemorrhoids	1.84	4.04	2.29	0.17	6.05	4.30	090
46946		A	Ligation of hemorrhoids	2.58	5.40	2.61	0.22	8.20	5.41	090
46999		C	Anus surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
47000		A	Needle biopsy of liver	1.90	8.36	0.67	0.09	10.35	2.66	000
47001		A	Needle biopsy, liver add-on	1.90	NA	0.68	0.18	NA	2.76	ZZZ
47010		A	Open drainage, liver lesion	16.01	NA	9.60	0.65	NA	26.26	090
47011		A	Percut drain, liver lesion	3.70	NA	4.61	0.17	NA	8.48	000
47015		A	Inject/aspirate liver cyst	15.11	NA	8.23	0.86	NA	24.20	090
47100		A	Wedge biopsy of liver	11.67	NA	6.50	0.75	NA	18.92	090
47120		A	Partial removal of liver	35.50	NA	17.02	2.29	NA	54.81	090
47122		A	Extensive removal of liver	55.13	NA	24.11	3.60	NA	82.84	090
47125		A	Partial removal of liver	49.19	NA	22.12	3.18	NA	74.49	090
47130		A	Partial removal of liver	53.35	NA	23.49	3.47	NA	80.31	090
47133		X	Removal of donor liver	0.00	0.00	0.00	0.00	0.00	0.00	XXX
47134		R	Partial removal, donor liver	39.15	NA	13.91	3.98	NA	57.04	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
47135	.....	R	Transplantation of liver	81.52	NA	43.28	8.13	NA	132.93	090
47136	.....	R	Transplantation of liver	68.60	NA	47.00	6.93	NA	122.53	090
47300	.....	A	Surgery for liver lesion	15.08	NA	7.75	0.97	NA	23.80	090
47350	.....	A	Repair liver wound	19.56	NA	9.45	1.25	NA	30.26	090
47360	.....	A	Repair liver wound	26.92	NA	12.96	1.71	NA	41.59	090
47361	.....	A	Repair liver wound	47.12	NA	19.94	3.11	NA	70.17	090
47362	.....	A	Repair liver wound	18.51	NA	9.77	1.22	NA	29.50	090
47370	.....	A	Laparo ablate liver tumor rf	18.00	7.19	7.19	0.85	26.04	26.04	090
47371	.....	A	Laparo ablate liver cryosug	16.94	6.76	6.76	0.85	24.55	24.55	090
47379	.....	C	Laparoscope procedure, liver	0.00	0.00	0.00	0.00	0.00	0.00	YYY
47380	.....	A	Open ablate liver tumor rf	21.25	8.48	8.48	0.85	30.58	30.58	090
47381	.....	A	Open ablate liver tumor cryo	21.00	8.38	8.38	0.85	30.23	30.23	090
47382	.....	A	Percut ablate liver rf	12.00	NA	5.37	0.85	NA	18.22	010
47399	.....	C	Liver surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
47400	.....	A	Incision of liver duct	32.49	NA	14.99	1.82	NA	49.30	090
47420	.....	A	Incision of bile duct	19.88	NA	9.46	1.70	NA	31.04	090
47425	.....	A	Incision of bile duct	19.83	NA	9.38	1.60	NA	30.81	090
47460	.....	A	Incise bile duct sphincter	18.04	NA	9.26	1.24	NA	28.54	090
47480	.....	A	Incision of gallbladder	10.82	NA	6.80	0.85	NA	18.47	090
47490	.....	A	Incision of gallbladder	7.23	NA	7.67	0.33	NA	15.23	090
47500	.....	A	Injection for liver x-rays	1.96	NA	0.68	0.09	NA	2.73	000
47505	.....	A	Injection for liver x-rays	0.76	2.88	0.26	0.03	3.67	1.05	000
47510	.....	A	Insert catheter, bile duct	7.83	NA	9.46	0.36	NA	17.65	090
47511	.....	A	Insert bile duct drain	10.50	NA	10.57	0.47	NA	21.54	090
47525	.....	A	Change bile duct catheter	5.55	NA	3.34	0.24	NA	9.13	010
47530	.....	A	Revise/reinsert bile tube	5.85	NA	5.07	0.29	NA	11.21	090
47550	.....	A	Bile duct endoscopy add-on	3.02	NA	1.08	0.30	NA	4.40	ZZZ
47552	.....	A	Biliary endoscopy thru skin	6.04	NA	2.52	0.42	NA	8.98	000
47553	.....	A	Biliary endoscopy thru skin	6.35	NA	2.70	0.30	NA	9.35	000
47554	.....	A	Biliary endoscopy thru skin	9.06	NA	3.55	0.74	NA	13.35	000
47555	.....	A	Biliary endoscopy thru skin	7.56	NA	3.15	0.35	NA	11.06	000
47556	.....	A	Biliary endoscopy thru skin	8.56	NA	3.49	0.38	NA	12.43	000
47560	.....	A	Laparoscopy w/cholangio	4.89	NA	1.89	0.49	NA	7.27	000
47561	.....	A	Laparo w/cholangio/biopsy	5.18	NA	2.19	0.49	NA	7.86	000
47562	.....	A	Laparoscopic cholecystectomy	11.09	NA	5.15	1.13	NA	17.37	090
47563	.....	A	Laparo cholecystectomy/graph	11.94	NA	5.43	1.21	NA	18.58	090
47564	.....	A	Laparo cholecystectomy/explr	14.23	NA	6.26	1.44	NA	21.93	090
47570	.....	A	Laparo cholecystoenterostomy	12.58	NA	5.67	1.28	NA	19.53	090
47579	.....	C	Laparoscope proc, biliary	0.00	0.00	0.00	0.00	0.00	0.00	YYY
47600	.....	A	Removal of gallbladder	13.58	NA	6.86	1.16	NA	21.60	090
47605	.....	A	Removal of gallbladder	14.69	NA	7.23	1.25	NA	23.17	090
47610	.....	A	Removal of gallbladder	18.82	NA	8.80	1.61	NA	29.23	090
47612	.....	A	Removal of gallbladder	18.78	NA	8.70	1.60	NA	29.08	090
47620	.....	A	Removal of gallbladder	20.64	NA	9.35	1.77	NA	31.76	090
47630	.....	A	Remove bile duct stone	9.11	NA	3.20	0.46	NA	12.77	090
47700	.....	A	Exploration of bile ducts	15.62	NA	8.79	1.40	NA	25.81	090
47701	.....	A	Bile duct revision	27.81	NA	13.60	3.00	NA	44.41	090
47711	.....	A	Excision of bile duct tumor	23.03	NA	11.34	1.98	NA	36.35	090
47712	.....	A	Excision of bile duct tumor	30.24	NA	14.00	2.67	NA	46.91	090
47715	.....	A	Excision of bile duct cyst	18.80	NA	8.95	1.59	NA	29.34	090
47716	.....	A	Fusion of bile duct cyst	16.44	NA	8.19	1.41	NA	26.04	090
47720	.....	A	Fuse gallbladder & bowel	15.91	NA	8.66	1.37	NA	25.94	090
47721	.....	A	Fuse upper gi structures	19.12	NA	9.90	1.63	NA	30.65	090
47740	.....	A	Fuse gallbladder & bowel	18.48	NA	9.64	1.59	NA	29.71	090
47741	.....	A	Fuse gallbladder & bowel	21.34	NA	10.62	1.82	NA	33.78	090
47760	.....	A	Fuse bile ducts and bowel	25.85	NA	12.28	2.21	NA	40.34	090
47765	.....	A	Fuse liver ducts & bowel	24.88	NA	12.73	2.18	NA	39.79	090
47780	.....	A	Fuse bile ducts and bowel	26.50	NA	12.49	2.27	NA	41.26	090
47785	.....	A	Fuse bile ducts and bowel	31.18	NA	14.97	2.69	NA	48.84	090
47800	.....	A	Reconstruction of bile ducts	23.30	NA	11.57	1.95	NA	36.82	090
47801	.....	A	Placement, bile duct support	15.17	NA	10.21	0.69	NA	26.07	090
47802	.....	A	Fuse liver duct & intestine	21.55	NA	11.60	1.84	NA	34.99	090
47900	.....	A	Suture bile duct injury	19.90	NA	10.25	1.65	NA	31.80	090
47999	.....	C	Bile tract surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
48000	.....	A	Drainage of abdomen	28.07	NA	12.59	1.32	NA	41.98	090
48001	.....	A	Placement of drain, pancreas	35.45	NA	15.04	1.90	NA	52.39	090
48005	.....	A	Resect/debride pancreas	42.17	NA	17.39	2.26	NA	61.82	090
48020	.....	A	Removal of pancreatic stone	15.70	NA	7.44	1.36	NA	24.50	090
48100	.....	A	Biopsy of pancreas, open	12.23	NA	7.03	1.08	NA	20.34	090
48102	.....	A	Needle biopsy, pancreas	4.68	8.96	2.45	0.20	13.84	7.33	010
48120	.....	A	Removal of pancreas lesion	15.85	NA	7.69	1.35	NA	24.89	090
48140	.....	A	Partial removal of pancreas	22.94	NA	10.78	2.12	NA	35.84	090
48145	.....	A	Partial removal of pancreas	24.02	NA	11.48	2.25	NA	37.75	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
48146	.....	A	Pancreatectomy	26.40	NA	13.96	2.43	NA	42.79	090
48148	.....	A	Removal of pancreatic duct	17.34	NA	9.15	1.61	NA	28.10	090
48150	.....	A	Partial removal of pancreas	48.00	NA	21.29	4.43	NA	73.72	090
48152	.....	A	Pancreatectomy	43.75	NA	20.74	4.07	NA	68.56	090
48153	.....	A	Pancreatectomy	47.89	NA	22.18	4.40	NA	74.47	090
48154	.....	A	Pancreatectomy	44.10	NA	20.82	4.10	NA	69.02	090
48155	.....	A	Removal of pancreas	24.64	NA	13.89	2.30	NA	40.83	090
48160	.....	N	Pancreas removal/transplant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
48180	.....	A	Fuse pancreas and bowel	24.72	NA	11.16	2.24	NA	38.12	090
48400	.....	A	Injection, intraop add-on	1.95	NA	0.69	0.10	NA	2.74	ZZZ
48500	.....	A	Surgery of pancreatic cyst	15.28	NA	7.74	1.35	NA	24.37	090
48510	.....	A	Drain pancreatic pseudocyst	14.31	NA	7.45	1.07	NA	22.83	090
48511	.....	A	Drain pancreatic pseudocyst	4.00	NA	3.95	0.17	NA	8.12	000
48520	.....	A	Fuse pancreas cyst and bowel	15.59	NA	7.49	1.41	NA	24.49	090
48540	.....	A	Fuse pancreas cyst and bowel	19.72	NA	8.84	1.82	NA	30.38	090
48545	.....	A	Pancreatorrhaphy	18.18	NA	8.88	1.61	NA	28.67	090
48547	.....	A	Duodenal exclusion	25.83	NA	11.04	2.30	NA	39.17	090
48550	.....	X	Donor pancreatectomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
48554	.....	R	Transpl allograft pancreas	34.17	NA	12.27	3.30	NA	49.74	090
48556	.....	A	Removal, allograft pancreas	15.71	NA	8.71	1.52	NA	25.94	090
48999	.....	C	Pancreas surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
49000	.....	A	Exploration of abdomen	11.68	NA	6.22	1.17	NA	19.07	090
49002	.....	A	Reopening of abdomen	10.49	NA	6.10	1.06	NA	17.65	090
49010	.....	A	Exploration behind abdomen	12.28	NA	7.05	1.22	NA	20.55	090
49020	.....	A	Drain abdominal abscess	22.84	NA	11.41	1.31	NA	35.56	090
49021	.....	A	Drain abdominal abscess	3.38	NA	5.84	0.16	NA	9.38	000
49040	.....	A	Drain, open, abdom abscess	13.52	NA	8.02	0.84	NA	22.38	090
49041	.....	A	Drain, percut, abdom abscess	4.00	NA	6.07	0.18	NA	10.25	000
49060	.....	A	Drain, open, retrop abscess	15.86	NA	9.62	0.77	NA	26.25	090
49061	.....	A	Drain, percut, retroper absc	3.70	NA	5.99	0.17	NA	9.86	000
49062	.....	A	Drain to peritoneal cavity	11.36	NA	7.06	1.08	NA	19.50	090
49080	.....	A	Puncture, peritoneal cavity	1.35	4.56	0.48	0.07	5.98	1.90	000
49081	.....	A	Removal of abdominal fluid	1.26	3.14	0.60	0.06	4.46	1.92	000
49085	.....	A	Remove abdomen foreign body	12.14	NA	6.72	0.88	NA	19.74	090
49180	.....	A	Biopsy, abdominal mass	1.73	8.50	0.60	0.08	10.31	2.41	000
49200	.....	A	Removal of abdominal lesion	10.25	NA	6.59	0.89	NA	17.73	090
49201	.....	A	Removal of abdominal lesion	14.84	NA	8.90	1.44	NA	25.18	090
49215	.....	A	Excise sacral spine tumor	33.50	NA	15.52	2.48	NA	51.50	090
49220	.....	A	Multiple surgery, abdomen	14.88	NA	7.94	1.51	NA	24.33	090
49250	.....	A	Excision of umbilicus	8.35	NA	5.26	0.84	NA	14.45	090
49255	.....	A	Removal of omentum	11.14	NA	6.66	1.12	NA	18.92	090
49320	.....	A	Diag laparo separate proc	5.10	NA	3.08	0.50	NA	8.68	010
49321	.....	A	Laparoscopy, biopsy	5.40	NA	3.07	0.53	NA	9.00	010
49322	.....	A	Laparoscopy, aspiration	5.70	NA	3.53	0.57	NA	9.80	010
49323	.....	A	Laparo drain lymphocele	9.48	NA	4.18	0.88	NA	14.54	090
49329	.....	C	Laparo proc, abdm/per/oment	0.00	0.00	0.00	0.00	0.00	0.00	YYY
49400	.....	A	Air injection into abdomen	1.88	NA	0.82	0.11	NA	2.81	000
49420	.....	A	Insert abdominal drain	2.22	NA	0.98	0.13	NA	3.33	000
49421	.....	A	Insert abdominal drain	5.54	NA	4.08	0.55	NA	10.17	090
49422	.....	A	Remove perm cannula/catheter	6.25	NA	3.01	0.63	NA	9.89	010
49423	.....	A	Exchange drainage catheter	1.46	NA	0.70	0.07	NA	2.23	000
49424	.....	A	Assess cyst, contrast inject	0.76	NA	0.45	0.03	NA	1.24	000
49425	.....	A	Insert abdomen-venous drain	11.37	NA	6.79	1.21	NA	19.37	090
49426	.....	A	Revise abdomen-venous shunt	9.63	NA	6.17	0.93	NA	16.73	090
49427	.....	A	Injection, abdominal shunt	0.89	NA	0.50	0.05	NA	1.44	000
49428	.....	A	Ligation of shunt	6.06	NA	3.19	0.31	NA	9.56	010
49429	.....	A	Removal of shunt	7.40	NA	3.55	0.81	NA	11.76	010
49491	.....	A	Repairing hern premie reduc	11.13	NA	5.65	1.00	NA	17.78	090
49492	.....	A	Rpr ing hern premie, blocked	14.03	NA	6.40	1.42	NA	21.85	090
49495	.....	A	Rpr ing hernia baby, reduc	5.89	NA	3.72	0.55	NA	10.16	090
49496	.....	A	Rpr ing hernia baby, blocked	8.79	NA	5.94	0.89	NA	15.62	090
49500	.....	A	Rpr ing hernia, init, reduce	5.48	NA	3.48	0.46	NA	9.42	090
49501	.....	A	Rpr ing hernia, init blocked	8.88	NA	4.62	0.76	NA	14.26	090
49505	.....	A	Rpr i/hern init reduc>5 yr	7.60	4.58	4.13	0.65	12.83	12.38	090
49507	.....	A	Rpr i/hern init block>5 yr	9.57	NA	6.17	0.83	NA	16.57	090
49520	.....	A	Rerepair ing hernia, reduce	9.63	NA	5.49	0.84	NA	15.96	090
49521	.....	A	Rerepair ing hernia, blocked	11.97	NA	5.85	1.04	NA	18.86	090
49525	.....	A	Repair ing hernia, sliding	8.57	NA	4.97	0.74	NA	14.28	090
49540	.....	A	Repair lumbar hernia	10.39	NA	5.65	0.90	NA	16.94	090
49550	.....	A	Rpr fem hernia, init, reduce	8.63	NA	4.55	0.75	NA	13.93	090
49553	.....	A	Rpr fem hernia, init blocked	9.44	NA	4.95	0.83	NA	15.22	090
49555	.....	A	Rerepair fem hernia, reduce	9.03	NA	5.30	0.79	NA	15.12	090
49557	.....	A	Rerepair fem hernia, blocked	11.15	NA	5.59	0.97	NA	17.71	090

[1] CPT codes and descriptions only are copyright 2001 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] +Indicates RVUs are not used for Medicare payment.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
49560		A	Rpr ventral hern init, reduc	11.57	NA	6.11	1.00	NA	18.68	090
49561		A	Rpr ventral hern init, block	14.25	NA	6.71	1.23	NA	22.19	090
49565		A	Rerepair ventrl hern, reduce	11.57	NA	6.27	1.00	NA	18.84	090
49566		A	Rerepair ventrl hern, block	14.40	NA	6.79	1.24	NA	22.43	090
49568		A	Hernia repair w/mesh	4.89	NA	1.76	0.50	NA	7.15	ZZZ
49570		A	Rpr epigastric hern, reduce	5.69	NA	3.54	0.50	NA	9.73	090
49572		A	Rpr epigastric hern, blocked	6.73	NA	4.00	0.58	NA	11.31	090
49580		A	Rpr umbil hern, reduc <5 yr	4.11	NA	3.03	0.34	NA	7.48	090
49582		A	Rpr umbil hern, block < 5 yr	6.65	NA	5.02	0.57	NA	12.24	090
49585		A	Rpr umbil hern, reduc > 5 yr	6.23	NA	4.15	0.53	NA	10.91	090
49587		A	Rpr umbil hern, block > 5 yr	7.56	NA	4.27	0.65	NA	12.48	090
49590		A	Repair spigelian hernia	8.54	NA	4.96	0.74	NA	14.24	090
49600		A	Repair umbilical lesion	10.96	NA	6.30	1.13	NA	18.39	090
49605		A	Repair umbilical lesion	76.00	NA	30.79	2.57	NA	109.36	090
49606		A	Repair umbilical lesion	18.60	NA	9.61	2.22	NA	30.43	090
49610		A	Repair umbilical lesion	10.50	NA	6.87	0.77	NA	18.14	090
49611		A	Repair umbilical lesion	8.92	NA	6.56	0.65	NA	16.13	090
49650		A	Laparo hernia repair initial	6.27	NA	3.33	0.64	NA	10.24	090
49651		A	Laparo hernia repair recur	8.24	NA	4.40	0.84	NA	13.48	090
49659		C	Laparo proc, hernia repair	0.00	0.00	0.00	0.00	0.00	0.00	YYY
49900		A	Repair of abdominal wall	12.28	NA	6.80	1.23	NA	20.31	090
49905		A	Omental flap	6.55	NA	2.44	0.61	NA	9.60	ZZZ
49906		C	Free omental flap, microvasc	0.00	0.00	0.00	0.00	0.00	0.00	090
49999		C	Abdomen surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
50010		A	Exploration of kidney	10.98	NA	7.07	0.79	NA	18.84	090
50020		A	Renal abscess, open drain	14.66	NA	13.72	0.80	NA	29.18	090
50021		A	Renal abscess, percut drain	3.38	NA	10.46	0.15	NA	13.99	000
50040		A	Drainage of kidney	14.94	NA	11.56	0.82	NA	27.32	090
50045		A	Exploration of kidney	15.46	NA	8.55	1.06	NA	25.07	090
50060		A	Removal of kidney stone	19.30	NA	10.03	1.14	NA	30.47	090
50065		A	Incision of kidney	20.79	NA	10.56	1.13	NA	32.48	090
50070		A	Incision of kidney	20.32	NA	10.70	1.20	NA	32.22	090
50075		A	Removal of kidney stone	25.34	NA	12.65	1.51	NA	39.50	090
50080		A	Removal of kidney stone	14.71	NA	11.03	0.86	NA	26.60	090
50081		A	Removal of kidney stone	21.80	NA	13.27	1.30	NA	36.37	090
50100		A	Revise kidney blood vessels	16.09	NA	9.34	1.64	NA	27.07	090
50120		A	Exploration of kidney	15.91	NA	8.93	1.04	NA	25.88	090
50125		A	Explore and drain kidney	16.52	NA	9.48	1.07	NA	27.07	090
50130		A	Removal of kidney stone	17.29	NA	9.24	1.04	NA	27.57	090
50135		A	Exploration of kidney	19.18	NA	9.93	1.18	NA	30.29	090
50200		A	Biopsy of kidney	2.63	NA	0.96	0.12	NA	3.71	000
50205		A	Biopsy of kidney	11.31	NA	6.52	0.94	NA	18.77	090
50220		A	Remove kidney, open	17.15	NA	9.29	1.16	NA	27.60	090
50225		A	Removal kidney open, complex	20.23	NA	10.30	1.26	NA	31.79	090
50230		A	Removal kidney open, radical	22.07	NA	10.92	1.35	NA	34.34	090
50234		A	Removal of kidney & ureter	22.40	NA	11.05	1.37	NA	34.82	090
50236		A	Removal of kidney & ureter	24.86	NA	14.27	1.50	NA	40.63	090
50240		A	Partial removal of kidney	22.00	NA	13.32	1.36	NA	36.68	090
50280		A	Removal of kidney lesion	15.67	NA	8.69	0.99	NA	25.35	090
50290		A	Removal of kidney lesion	14.73	NA	8.49	1.11	NA	24.33	090
50300		X	Removal of donor kidney	0.00	0.00	0.00	0.00	0.00	0.00	XXX
50320		A	Removal of donor kidney	22.21	NA	10.98	1.78	NA	34.97	090
50340		A	Removal of kidney	12.15	NA	9.31	1.15	NA	22.61	090
50360		A	Transplantation of kidney	31.53	NA	17.87	2.97	NA	52.37	090
50365		A	Transplantation of kidney	36.81	NA	21.29	3.51	NA	61.61	090
50370		A	Remove transplanted kidney	13.72	NA	9.88	1.26	NA	24.86	090
50380		A	Reimplantation of kidney	20.76	NA	13.52	1.80	NA	36.08	090
50390		A	Drainage of kidney lesion	1.96	NA	0.68	0.09	NA	2.73	000
50392		A	Insert kidney drain	3.38	NA	1.18	0.15	NA	4.71	000
50393		A	Insert ureteral tube	4.16	NA	1.44	0.18	NA	5.78	000
50394		A	Injection for kidney x-ray	0.76	2.60	0.26	0.04	3.40	1.06	000
50395		A	Create passage to kidney	3.38	NA	1.17	0.16	NA	4.71	000
50396		A	Measure kidney pressure	2.09	NA	0.89	0.10	NA	3.08	000
50398		A	Change kidney tube	1.46	1.06	0.51	0.07	2.59	2.04	000
50400		A	Revision of kidney/ureter	19.50	NA	10.06	1.21	NA	30.77	090
50405		A	Revision of kidney/ureter	23.93	NA	11.84	1.45	NA	37.22	090
50500		A	Repair of kidney wound	19.57	NA	11.37	1.45	NA	32.39	090
50520		A	Close kidney-skin fistula	17.23	NA	11.80	1.26	NA	30.29	090
50525		A	Repair renal-abdomen fistula	22.27	NA	13.30	1.51	NA	37.08	090
50526		A	Repair renal-abdomen fistula	24.02	NA	14.86	1.62	NA	40.50	090
50540		A	Revision of horseshoe kidney	19.93	NA	10.42	1.28	NA	31.63	090
50541		A	Laparo ablate renal cyst	16.00	NA	6.79	0.99	NA	23.78	090
50544		A	Laparoscopy, pyeloplasty	22.40	NA	9.04	1.41	NA	32.85	090

[3] +Indicates RVUs are not used for Medicare payment.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
50545		A	Laparo radical nephrectomy	24.00	NA	9.65	1.53	NA	35.18	090
50546		A	Laparoscopic nephrectomy	20.48	NA	8.40	1.37	NA	30.25	090
50547		A	Laparo removal donor kidney	25.50	NA	11.27	2.04	NA	38.81	090
50548		A	Laparo remove k/ureter	24.40	NA	9.70	1.49	NA	35.59	090
50549		C	Laparoscope proc, renal	0.00	0.00	0.00	0.00	0.00	0.00	YYY
50551		A	Kidney endoscopy	5.60	4.93	1.90	0.33	10.86	7.83	000
50553		A	Kidney endoscopy	5.99	16.25	2.05	0.35	22.59	8.39	000
50555		A	Kidney endoscopy & biopsy	6.53	20.11	2.25	0.38	27.02	9.16	000
50557		A	Kidney endoscopy & treatment	6.62	20.23	2.25	0.39	27.24	9.26	000
50559		A	Renal endoscopy/radiotracer	6.78	NA	2.42	0.27	NA	9.47	000
50561		A	Kidney endoscopy & treatment	7.59	18.31	2.58	0.44	26.34	10.61	000
50570		A	Kidney endoscopy	9.54	NA	3.24	0.56	NA	13.34	000
50572		A	Kidney endoscopy	10.35	NA	3.52	0.64	NA	14.51	000
50574		A	Kidney endoscopy & biopsy	11.02	NA	3.87	0.65	NA	15.54	000
50575		A	Kidney endoscopy	13.98	NA	4.73	0.84	NA	19.55	000
50576		A	Kidney endoscopy & treatment	10.99	NA	3.74	0.66	NA	15.39	000
50578		A	Renal endoscopy/radiotracer	11.35	NA	4.01	0.67	NA	16.03	000
50580		A	Kidney endoscopy & treatment	11.86	NA	4.03	0.70	NA	16.59	000
50590		A	Fragmenting of kidney stone	9.09	10.78	5.35	0.54	20.41	14.98	090
50600		A	Exploration of ureter	15.84	NA	9.07	0.99	NA	25.90	090
50605		A	Insert ureteral support	15.46	NA	8.88	1.13	NA	25.47	090
50610		A	Removal of ureter stone	15.92	NA	9.09	1.08	NA	26.09	090
50620		A	Removal of ureter stone	15.16	NA	8.55	0.91	NA	24.62	090
50630		A	Removal of ureter stone	14.94	NA	8.48	0.90	NA	24.32	090
50650		A	Removal of ureter	17.41	NA	9.71	1.07	NA	28.19	090
50660		A	Removal of ureter	19.55	NA	10.43	1.19	NA	31.17	090
50684		A	Injection for ureter x-ray	0.76	15.02	0.26	0.04	15.82	1.06	000
50686		A	Measure ureter pressure	1.51	5.08	0.65	0.09	6.68	2.25	000
50688		A	Change of ureter tube	1.17	NA	1.76	0.06	NA	2.99	010
50690		A	Injection for ureter x-ray	1.16	15.40	0.40	0.06	16.62	1.62	000
50700		A	Revision of ureter	15.21	NA	9.09	0.86	NA	25.16	090
50715		A	Release of ureter	18.90	NA	12.37	1.68	NA	32.95	090
50722		A	Release of ureter	16.35	NA	10.42	1.41	NA	28.18	090
50725		A	Release/revise ureter	18.49	NA	10.61	1.44	NA	30.54	090
50727		A	Revise ureter	8.18	NA	6.54	0.51	NA	15.23	090
50728		A	Revise ureter	12.02	NA	8.18	0.88	NA	21.08	090
50740		A	Fusion of ureter & kidney	18.42	NA	9.66	1.49	NA	29.57	090
50750		A	Fusion of ureter & kidney	19.51	NA	10.48	1.24	NA	31.23	090
50760		A	Fusion of ureters	18.42	NA	10.11	1.25	NA	29.78	090
50770		A	Splicing of ureters	19.51	NA	10.43	1.25	NA	31.19	090
50780		A	Reimplant ureter in bladder	18.36	NA	10.01	1.20	NA	29.57	090
50782		A	Reimplant ureter in bladder	19.54	NA	11.91	1.13	NA	32.58	090
50783		A	Reimplant ureter in bladder	20.55	NA	11.22	1.35	NA	33.12	090
50785		A	Reimplant ureter in bladder	20.52	NA	10.83	1.30	NA	32.65	090
50800		A	Implant ureter in bowel	14.52	NA	10.02	0.92	NA	25.46	090
50810		A	Fusion of ureter & bowel	20.05	NA	12.23	1.78	NA	34.06	090
50815		A	Urine shunt to intestine	19.93	NA	11.71	1.31	NA	32.95	090
50820		A	Construct bowel bladder	21.89	NA	12.38	1.38	NA	35.65	090
50825		A	Construct bowel bladder	28.18	NA	15.30	1.81	NA	45.29	090
50830		A	Revise urine flow	31.28	NA	15.96	2.20	NA	49.44	090
50840		A	Replace ureter by bowel	20.00	NA	11.83	1.26	NA	33.09	090
50845		A	Appendico-vesicostomy	20.89	NA	10.20	1.26	NA	32.35	090
50860		A	Transplant ureter to skin	15.36	NA	8.93	1.01	NA	25.30	090
50900		A	Repair of ureter	13.62	NA	8.08	0.98	NA	22.68	090
50920		A	Closure ureter/skin fistula	14.33	NA	8.37	0.84	NA	23.54	090
50930		A	Closure ureter/bowel fistula	18.72	NA	10.80	1.57	NA	31.09	090
50940		A	Release of ureter	14.51	NA	8.44	1.04	NA	23.99	090
50945		A	Laparoscopy ureterolithotomy	17.00	NA	7.42	1.15	NA	25.57	090
50947		A	Laparo new ureter/bladder	24.50	NA	11.74	1.99	NA	38.23	090
50948		A	Laparo new ureter/bladder	22.50	NA	10.61	1.83	NA	34.94	090
50949		C	Laparoscope proc, ureter	0.00	0.00	0.00	0.00	0.00	0.00	YYY
50951		A	Endoscopy of ureter	5.84	5.28	1.98	0.35	11.47	8.17	000
50953		A	Endoscopy of ureter	6.24	16.55	2.12	0.37	23.16	8.73	000
50955		A	Ureter endoscopy & biopsy	6.75	21.11	2.38	0.38	28.24	9.51	000
50957		A	Ureter endoscopy & treatment	6.79	19.64	2.28	0.40	26.83	9.47	000
50959		A	Ureter endoscopy & tracer	4.40	NA	1.58	0.18	NA	6.16	000
50961		A	Ureter endoscopy & treatment	6.05	23.38	2.04	0.35	29.78	8.44	000
50970		A	Ureter endoscopy	7.14	NA	2.43	0.43	NA	10.00	000
50972		A	Ureter endoscopy & catheter	6.89	NA	2.52	0.39	NA	9.80	000
50974		A	Ureter endoscopy & biopsy	9.17	NA	3.16	0.53	NA	12.86	000
50976		A	Ureter endoscopy & treatment	9.04	NA	3.09	0.53	NA	12.66	000
50978		A	Ureter endoscopy & tracer	5.10	NA	1.88	0.30	NA	7.28	000
50980		A	Ureter endoscopy & treatment	6.85	NA	2.34	0.41	NA	9.60	000

[3] +Indicates RVUs are not used for Medicare payment.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
51000	.....	A	Drainage of bladder	0.78	2.03	0.25	0.05	2.86	1.08	000
51005	.....	A	Drainage of bladder	1.02	3.37	0.35	0.08	4.47	1.45	000
51010	.....	A	Drainage of bladder	3.53	4.42	2.37	0.23	8.18	6.13	010
51020	.....	A	Incise & treat bladder	6.71	NA	5.72	0.42	NA	12.85	090
51030	.....	A	Incise & treat bladder	6.77	NA	6.01	0.42	NA	13.20	090
51040	.....	A	Incise & drain bladder	4.40	NA	4.47	0.27	NA	9.14	090
51045	.....	A	Incise bladder/drain ureter	6.77	NA	6.01	0.47	NA	13.25	090
51050	.....	A	Removal of bladder stone	6.92	NA	5.27	0.42	NA	12.61	090
51060	.....	A	Removal of ureter stone	8.85	NA	6.53	0.54	NA	15.92	090
51065	.....	A	Remove ureter calculus	8.85	NA	6.06	0.53	NA	15.44	090
51080	.....	A	Drainage of bladder abscess	5.96	NA	5.67	0.35	NA	11.98	090
51500	.....	A	Removal of bladder cyst	10.14	NA	6.13	0.88	NA	17.15	090
51520	.....	A	Removal of bladder lesion	9.29	NA	6.66	0.58	NA	16.53	090
51525	.....	A	Removal of bladder lesion	13.97	NA	8.15	0.85	NA	22.97	090
51530	.....	A	Removal of bladder lesion	12.38	NA	7.81	0.82	NA	21.01	090
51535	.....	A	Repair of ureter lesion	12.57	NA	8.23	0.90	NA	21.70	090
51550	.....	A	Partial removal of bladder	15.66	NA	8.68	1.05	NA	25.39	090
51555	.....	A	Partial removal of bladder	21.23	NA	11.00	1.37	NA	33.60	090
51565	.....	A	Revise bladder & ureter(s)	21.62	NA	11.62	1.40	NA	34.64	090
51570	.....	A	Removal of bladder	24.24	NA	12.60	1.59	NA	38.43	090
51575	.....	A	Removal of bladder & nodes	30.45	NA	15.35	1.88	NA	47.68	090
51580	.....	A	Remove bladder/revise tract	31.08	NA	16.01	1.94	NA	49.03	090
51585	.....	A	Removal of bladder & nodes	35.23	NA	17.34	2.18	NA	54.75	090
51590	.....	A	Remove bladder/revise tract	32.66	NA	16.01	2.01	NA	50.68	090
51595	.....	A	Remove bladder/revise tract	37.14	NA	17.55	2.23	NA	56.92	090
51596	.....	A	Remove bladder/create pouch	39.52	NA	18.94	2.39	NA	60.85	090
51597	.....	A	Removal of pelvic structures	38.35	NA	18.06	2.49	NA	58.90	090
51600	.....	A	Injection for bladder x-ray	0.88	5.51	0.30	0.04	6.43	1.22	000
51605	.....	A	Preparation for bladder x-ray	0.64	16.73	0.22	0.04	17.41	0.90	000
51610	.....	A	Injection for bladder x-ray	1.05	16.20	0.36	0.05	17.30	1.46	000
51700	.....	A	Irrigation of bladder	0.88	1.32	0.30	0.05	2.25	1.23	000
51705	.....	A	Change of bladder tube	1.02	2.15	0.65	0.06	3.23	1.73	010
51710	.....	A	Change of bladder tube	1.49	5.11	1.47	0.09	6.69	3.05	010
51715	.....	A	Endoscopic injection/implant	3.74	4.44	1.29	0.24	8.42	5.27	000
51720	.....	A	Treatment of bladder lesion	1.96	1.68	0.74	0.12	3.76	2.82	000
51725	.....	A	Simple cystometrogram	1.51	5.92	NA	0.13	7.56	NA	000
51725	26	A	Simple cystometrogram	1.51	0.52	0.52	0.10	2.13	2.13	000
51725	TC	A	Simple cystometrogram	0.00	5.40	NA	0.03	5.43	NA	000
51726	.....	A	Complex cystometrogram	1.71	4.65	NA	0.15	6.51	NA	000
51726	26	A	Complex cystometrogram	1.71	0.59	0.59	0.11	2.41	2.41	000
51726	TC	A	Complex cystometrogram	0.00	4.06	NA	0.04	4.10	NA	000
51736	.....	A	Urine flow measurement	0.61	1.07	NA	0.05	1.73	NA	000
51736	26	A	Urine flow measurement	0.61	0.21	0.21	0.04	0.86	0.86	000
51736	TC	A	Urine flow measurement	0.00	0.86	NA	0.01	0.87	NA	000
51741	.....	A	Electro-uroflowmetry, first	1.14	1.93	NA	0.09	3.16	NA	000
51741	26	A	Electro-uroflowmetry, first	1.14	0.40	0.40	0.07	1.61	1.61	000
51741	TC	A	Electro-uroflowmetry, first	0.00	1.53	NA	0.02	1.55	NA	000
51772	.....	A	Urethra pressure profile	1.61	4.73	NA	0.16	6.50	NA	000
51772	26	A	Urethra pressure profile	1.61	0.59	0.59	0.12	2.32	2.32	000
51772	TC	A	Urethra pressure profile	0.00	4.14	NA	0.04	4.18	NA	000
51784	.....	A	Anal/urinary muscle study	1.53	3.36	NA	0.13	5.02	NA	000
51784	26	A	Anal/urinary muscle study	1.53	0.53	0.53	0.10	2.16	2.16	000
51784	TC	A	Anal/urinary muscle study	0.00	2.83	NA	0.03	2.86	NA	000
51785	.....	A	Anal/urinary muscle study	1.53	3.46	NA	0.12	5.11	NA	000
51785	26	A	Anal/urinary muscle study	1.53	0.53	0.53	0.09	2.15	2.15	000
51785	TC	A	Anal/urinary muscle study	0.00	2.93	NA	0.03	2.96	NA	000
51792	.....	A	Urinary reflex study	1.10	3.33	NA	0.20	4.63	NA	000
51792	26	A	Urinary reflex study	1.10	0.43	0.43	0.09	1.62	1.62	000
51792	TC	A	Urinary reflex study	0.00	2.90	NA	0.11	3.01	NA	000
51795	.....	A	Urine voiding pressure study	1.53	4.84	NA	0.18	6.55	NA	000
51795	26	A	Urine voiding pressure study	1.53	0.53	0.53	0.10	2.16	2.16	000
51795	TC	A	Urine voiding pressure study	0.00	4.31	NA	0.08	4.39	NA	000
51797	.....	A	Intraabdominal pressure test	1.60	4.87	NA	0.14	6.61	NA	000
51797	26	A	Intraabdominal pressure test	1.60	0.56	0.56	0.10	2.26	2.26	000
51797	TC	A	Intraabdominal pressure test	0.00	4.31	NA	0.04	4.35	NA	000
51800	.....	A	Revision of bladder/urethra	17.42	NA	9.59	1.17	NA	28.18	090
51820	.....	A	Revision of urinary tract	17.89	NA	10.91	1.45	NA	30.25	090
51840	.....	A	Attach bladder/urethra	10.71	NA	6.88	0.87	NA	18.46	090
51841	.....	A	Attach bladder/urethra	13.03	NA	8.57	1.04	NA	22.64	090
51845	.....	A	Repair bladder neck	9.73	NA	6.90	0.62	NA	17.25	090
51860	.....	A	Repair of bladder wound	12.02	NA	7.90	0.89	NA	20.81	090
51865	.....	A	Repair of bladder wound	15.04	NA	8.93	1.01	NA	24.98	090
51880	.....	A	Repair of bladder opening	7.66	NA	5.98	0.54	NA	14.18	090

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[3] +Indicates RVUs are not used for Medicare payment.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
51900	.....	A	Repair bladder/vagina lesion	12.97	NA	8.29	0.87	NA	22.13	090
51920	.....	A	Close bladder-uterus fistula	11.81	NA	7.65	0.86	NA	20.32	090
51925	.....	A	Hysterectomy/bladder repair	15.58	NA	9.65	1.48	NA	26.71	090
51940	.....	A	Correction of bladder defect	28.43	NA	16.41	1.97	NA	46.81	090
51960	.....	A	Revision of bladder & bowel	23.01	NA	13.39	1.41	NA	37.81	090
51980	.....	A	Construct bladder opening	11.36	NA	7.30	0.74	NA	19.40	090
51990	.....	A	Laparo urethral suspension	12.50	NA	6.79	1.02	NA	20.31	090
51992	.....	A	Laparo sling operation	14.01	NA	6.81	0.93	NA	21.75	090
52000	.....	A	Cystoscopy	2.01	3.45	0.69	0.12	5.58	2.82	000
52001	.....	A	Cystoscopy, removal of clots	2.37	NA	0.98	0.32	NA	3.67	000
52005	.....	A	Cystoscopy & ureter catheter	2.37	13.40	0.91	0.15	15.92	3.43	000
52007	.....	A	Cystoscopy and biopsy	3.02	NA	1.02	0.18	NA	4.22	000
52010	.....	A	Cystoscopy & duct catheter	3.02	5.91	1.02	0.18	9.11	4.22	000
52204	.....	A	Cystoscopy	2.37	6.17	0.80	0.15	8.69	3.32	000
52214	.....	A	Cystoscopy and treatment	3.71	6.53	1.26	0.22	10.46	5.19	000
52224	.....	A	Cystoscopy and treatment	3.14	6.41	1.07	0.18	9.73	4.39	000
52234	.....	A	Cystoscopy and treatment	4.63	NA	1.68	0.27	NA	6.58	000
52235	.....	A	Cystoscopy and treatment	5.45	NA	1.97	0.32	NA	7.74	000
52240	.....	A	Cystoscopy and treatment	9.72	NA	3.43	0.58	NA	13.73	000
52250	.....	A	Cystoscopy and radiotracer	4.50	NA	1.53	0.27	NA	6.30	000
52260	.....	A	Cystoscopy and treatment	3.92	NA	1.34	0.23	NA	5.49	000
52265	.....	A	Cystoscopy and treatment	2.94	3.77	1.00	0.18	6.89	4.12	000
52270	.....	A	Cystoscopy & revise urethra	3.37	6.88	1.14	0.20	10.45	4.71	000
52275	.....	A	Cystoscopy & revise urethra	4.70	7.42	1.59	0.28	12.40	6.57	000
52276	.....	A	Cystoscopy and treatment	5.00	7.55	1.70	0.30	12.85	7.00	000
52277	.....	A	Cystoscopy and treatment	6.17	NA	2.12	0.38	NA	8.67	000
52281	.....	A	Cystoscopy and treatment	2.80	14.54	1.08	0.17	17.51	4.05	000
52282	.....	A	Cystoscopy, implant stent	6.40	15.36	2.18	0.38	22.14	8.96	000
52283	.....	A	Cystoscopy and treatment	3.74	6.58	1.27	0.22	10.54	5.23	000
52285	.....	A	Cystoscopy and treatment	3.61	7.06	1.23	0.22	10.89	5.06	000
52290	.....	A	Cystoscopy and treatment	4.59	NA	1.56	0.27	NA	6.42	000
52300	.....	A	Cystoscopy and treatment	5.31	NA	1.80	0.32	NA	7.43	000
52301	.....	A	Cystoscopy and treatment	5.51	NA	1.82	0.39	NA	7.72	000
52305	.....	A	Cystoscopy and treatment	5.31	NA	1.80	0.31	NA	7.42	000
52310	.....	A	Cystoscopy and treatment	2.81	3.85	1.02	0.17	6.83	4.00	000
52315	.....	A	Cystoscopy and treatment	5.21	16.43	1.76	0.31	21.95	7.28	000
52317	.....	A	Remove bladder stone	6.72	26.09	2.28	0.40	33.21	9.40	000
52318	.....	A	Remove bladder stone	9.19	NA	3.11	0.54	NA	12.84	000
52320	.....	A	Cystoscopy and treatment	4.70	NA	1.59	0.28	NA	6.57	000
52325	.....	A	Cystoscopy, stone removal	6.16	NA	2.08	0.37	NA	8.61	000
52327	.....	A	Cystoscopy, inject material	5.19	NA	1.77	0.32	NA	7.28	000
52330	.....	A	Cystoscopy and treatment	5.04	20.79	1.71	0.30	26.13	7.05	000
52332	.....	A	Cystoscopy and treatment	2.83	18.84	1.07	0.17	21.84	4.07	000
52334	.....	A	Create passage to kidney	4.83	NA	1.63	0.28	NA	6.74	000
52341	.....	A	Cysto w/ureter stricture tx	6.00	NA	2.40	0.37	NA	8.77	000
52342	.....	A	Cysto w/up stricture tx	6.50	NA	2.59	0.40	NA	9.49	000
52343	.....	A	Cysto w/renal stricture tx	7.20	NA	2.87	0.44	NA	10.51	000
52344	.....	A	Cysto/uretero, stone remove	7.70	NA	3.07	0.47	NA	11.24	000
52345	.....	A	Cysto/uretero w/up stricture	8.20	NA	3.27	0.50	NA	11.97	000
52346	.....	A	Cystouretero w/renal strict	9.23	NA	3.68	0.57	NA	13.48	000
52347	.....	A	Cystoscopy, resect ducts	5.28	NA	2.14	0.33	NA	7.75	000
52351	.....	A	Cystouretro & or pyeloscope	5.86	NA	1.99	0.36	NA	8.21	000
52352	.....	A	Cystouretro w/stone remove	6.88	NA	2.33	0.42	NA	9.63	000
52353	.....	A	Cystouretero w/lithotripsy	7.97	NA	2.69	0.49	NA	11.15	000
52354	.....	A	Cystouretero w/biopsy	7.34	NA	2.49	0.45	NA	10.28	000
52355	.....	A	Cystouretero w/excise tumor	8.82	NA	2.99	0.55	NA	12.36	000
52400	.....	A	Cystouretero w/congen repr	9.68	NA	5.75	0.60	NA	16.03	090
52450	.....	A	Incision of prostate	7.64	NA	6.56	0.46	NA	14.66	090
52500	.....	A	Revision of bladder neck	8.47	NA	6.81	0.50	NA	15.78	090
52510	.....	A	Dilation prostatic urethra	6.72	NA	5.80	0.40	NA	12.92	090
52601	.....	A	Prostatectomy (TURP)	12.37	NA	8.16	0.74	NA	21.27	090
52606	.....	A	Control postop bleeding	8.13	NA	6.27	0.49	NA	14.89	090
52612	.....	A	Prostatectomy, first stage	7.98	NA	6.72	0.48	NA	15.18	090
52614	.....	A	Prostatectomy, second stage	6.84	NA	6.30	0.41	NA	13.55	090
52620	.....	A	Remove residual prostate	6.61	NA	6.22	0.39	NA	13.22	090
52630	.....	A	Remove prostate regrowth	7.26	NA	6.44	0.43	NA	14.13	090
52640	.....	A	Relieve bladder contracture	6.62	NA	5.73	0.39	NA	12.74	090
52647	.....	A	Laser surgery of prostate	10.36	59.33	4.85	0.61	70.30	15.82	090
52648	.....	A	Laser surgery of prostate	11.21	NA	7.63	0.66	NA	19.50	090
52700	.....	A	Drainage of prostate abscess	6.80	NA	6.32	0.41	NA	13.53	090
53000	.....	A	Incision of urethra	2.28	7.47	2.63	0.13	9.88	5.04	010
53010	.....	A	Incision of urethra	3.64	NA	4.12	0.20	NA	7.96	090
53020	.....	A	Incision of urethra	1.77	4.43	0.67	0.11	6.31	2.55	000

[3] +Indicates RVUs are not used for Medicare payment.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
53025	.....	A	Incision of urethra	1.13	4.81	0.45	0.07	6.01	1.65	000
53040	.....	A	Drainage of urethra abscess	6.40	14.74	8.33	0.41	21.55	15.14	090
53060	.....	A	Drainage of urethra abscess	2.63	6.21	2.91	0.23	9.07	5.77	010
53080	.....	A	Drainage of urinary leakage	6.29	NA	8.37	0.42	NA	15.08	090
53085	.....	A	Drainage of urinary leakage	10.27	NA	10.29	0.67	NA	21.23	090
53200	.....	A	Biopsy of urethra	2.59	5.63	0.97	0.17	8.39	3.73	000
53210	.....	A	Removal of urethra	12.57	NA	8.00	0.81	NA	21.38	090
53215	.....	A	Removal of urethra	15.58	NA	8.81	0.93	NA	25.32	090
53220	.....	A	Treatment of urethra lesion	7.00	NA	5.71	0.44	NA	13.15	090
53230	.....	A	Removal of urethra lesion	9.58	NA	6.36	0.60	NA	16.54	090
53235	.....	A	Removal of urethra lesion	10.14	NA	6.49	0.60	NA	17.23	090
53240	.....	A	Surgery for urethra pouch	6.45	NA	5.32	0.42	NA	12.19	090
53250	.....	A	Removal of urethra gland	5.89	NA	4.74	0.35	NA	10.98	090
53260	.....	A	Treatment of urethra lesion	2.98	6.11	2.44	0.23	9.32	5.65	010
53265	.....	A	Treatment of urethra lesion	3.12	6.60	2.42	0.20	9.92	5.74	010
53270	.....	A	Removal of urethra gland	3.09	7.03	2.83	0.21	10.33	6.13	010
53275	.....	A	Repair of urethra defect	4.53	NA	3.43	0.28	NA	8.24	010
53400	.....	A	Revise urethra, stage 1	12.77	NA	8.31	0.85	NA	21.93	090
53405	.....	A	Revise urethra, stage 2	14.48	NA	8.61	0.91	NA	24.00	090
53410	.....	A	Reconstruction of urethra	16.44	NA	9.21	0.99	NA	26.64	090
53415	.....	A	Reconstruction of urethra	19.41	NA	10.16	1.16	NA	30.73	090
53420	.....	A	Reconstruct urethra, stage 1	14.08	NA	8.82	0.90	NA	23.80	090
53425	.....	A	Reconstruct urethra, stage 2	15.98	NA	9.02	0.97	NA	25.97	090
53430	.....	A	Reconstruction of urethra	16.34	NA	9.34	1.01	NA	26.69	090
53431	.....	A	Reconstruct urethra/bladder	19.89	7.94	7.94	1.25	29.08	29.08	090
53440	.....	A	Correct bladder function	12.34	NA	8.09	0.73	NA	21.16	090
53442	.....	A	Remove perineal prosthesis	8.27	NA	6.08	0.55	NA	14.90	090
53443	.....	D	Reconstruction of urethra	0.00	NA	0.00	0.00	NA	0.00	090
53444	.....	A	Insert tandem cuff	13.40	NA	6.66	0.79	NA	20.85	090
53445	.....	A	Insert uro/ves nck sphincter	14.06	NA	8.72	0.84	NA	23.62	090
53446	.....	A	Remove uro sphincter	10.23	NA	8.46	0.61	NA	19.30	090
53447	.....	A	Remove/replace ur sphincter	13.49	NA	7.90	0.79	NA	22.18	090
53448	.....	A	Remov/replc ur sphinctr comp	21.15	NA	12.35	1.27	NA	34.77	090
53449	.....	A	Repair uro sphincter	9.70	NA	6.73	0.57	NA	17.00	090
53450	.....	A	Revision of urethra	6.14	NA	5.16	0.37	NA	11.67	090
53460	.....	A	Revision of urethra	7.12	NA	5.50	0.43	NA	13.05	090
53502	.....	A	Repair of urethra injury	7.63	NA	5.80	0.50	NA	13.93	090
53505	.....	A	Repair of urethra injury	7.63	NA	5.62	0.46	NA	13.71	090
53510	.....	A	Repair of urethra injury	10.11	NA	6.58	0.60	NA	17.29	090
53515	.....	A	Repair of urethra injury	13.31	NA	7.81	0.83	NA	21.95	090
53520	.....	A	Repair of urethra defect	8.68	NA	6.12	0.53	NA	15.33	090
53600	.....	A	Dilate urethra stricture	1.21	1.19	0.46	0.07	2.47	1.74	000
53601	.....	A	Dilate urethra stricture	0.98	1.31	0.40	0.06	2.35	1.44	000
53605	.....	A	Dilate urethra stricture	1.28	NA	0.44	0.08	NA	1.80	000
53620	.....	A	Dilate urethra stricture	1.62	1.91	0.63	0.10	3.63	2.35	000
53621	.....	A	Dilate urethra stricture	1.35	2.00	0.52	0.08	3.43	1.95	000
53660	.....	A	Dilation of urethra	0.71	1.22	0.33	0.04	1.97	1.08	000
53661	.....	A	Dilation of urethra	0.72	1.21	0.31	0.04	1.97	1.07	000
53665	.....	A	Dilation of urethra	0.76	NA	0.27	0.05	NA	1.08	000
53670	.....	A	Insert urinary catheter	0.50	1.74	0.18	0.03	2.27	0.71	000
53675	.....	A	Insert urinary catheter	1.47	2.63	0.58	0.09	4.19	2.14	000
53850	.....	A	Prostatic microwave thermotx	9.45	87.54	4.50	0.56	97.55	14.51	090
53852	.....	A	Prostatic rf thermotx	9.88	75.53	4.68	0.58	85.99	15.14	090
53853	.....	A	Prostatic water thermother	4.14	52.75	2.55	0.38	57.27	7.07	090
53899	.....	C	Urology surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
54000	.....	A	Slitting of prepuce	1.54	5.66	1.51	0.10	7.30	3.15	010
54001	.....	A	Slitting of prepuce	2.19	6.56	2.15	0.14	8.89	4.48	010
54015	.....	A	Drain penis lesion	5.32	7.95	3.21	0.33	13.60	8.86	010
54050	.....	A	Destruction, penis lesion(s)	1.24	2.85	0.47	0.07	4.16	1.78	010
54055	.....	A	Destruction, penis lesion(s)	1.22	6.64	1.42	0.07	7.93	2.71	010
54056	.....	A	Cryosurgery, penis lesion(s)	1.24	2.96	0.58	0.06	4.26	1.88	010
54057	.....	A	Laser surg, penis lesion(s)	1.24	2.97	1.41	0.08	4.29	2.73	010
54060	.....	A	Excision of penis lesion(s)	1.93	5.65	1.66	0.12	7.70	3.71	010
54065	.....	A	Destruction, penis lesion(s)	2.42	5.38	2.24	0.13	7.93	4.79	010
54100	.....	A	Biopsy of penis	1.90	3.54	0.77	0.10	5.54	2.77	000
54105	.....	A	Biopsy of penis	3.50	6.75	2.19	0.21	10.46	5.90	010
54110	.....	A	Treatment of penis lesion	10.13	NA	8.20	0.60	NA	18.93	090
54111	.....	A	Treat penis lesion, graft	13.57	NA	9.37	0.79	NA	23.73	090
54112	.....	A	Treat penis lesion, graft	15.86	NA	10.08	0.94	NA	26.88	090
54115	.....	A	Treatment of penis lesion	6.15	11.63	6.77	0.39	18.17	13.31	090
54120	.....	A	Partial removal of penis	9.97	NA	8.14	0.60	NA	18.71	090
54125	.....	A	Removal of penis	13.53	NA	9.37	0.81	NA	23.71	090
54130	.....	A	Remove penis & nodes	20.14	NA	12.00	1.19	NA	33.33	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
54135	.....	A	Remove penis & nodes	26.36	NA	14.68	1.58	NA	42.62	090
54150	.....	A	Circumcision	1.81	6.04	1.87	0.17	8.02	3.85	010
54152	.....	A	Circumcision	2.31	NA	1.76	0.16	NA	4.23	010
54160	.....	A	Circumcision	2.48	5.04	1.82	0.16	7.68	4.46	010
54161	.....	A	Circumcision	3.27	NA	2.10	0.20	NA	5.57	010
54162	.....	A	Lysis penil circumcis lesion	3.00	NA	2.91	0.18	NA	6.09	010
54163	.....	A	Repair of circumcision	3.00	NA	2.54	0.18	NA	5.72	010
54164	.....	A	Frenulotomy of penis	2.50	NA	2.37	0.15	NA	5.02	010
54200	.....	A	Treatment of penis lesion	1.06	2.87	0.38	0.06	3.99	1.50	010
54205	.....	A	Treatment of penis lesion	7.93	NA	7.50	0.47	NA	15.90	090
54220	.....	A	Treatment of penis lesion	2.42	2.08	1.04	0.15	4.65	3.61	000
54230	.....	A	Prepare penis study	1.34	NA	0.46	0.08	NA	1.88	000
54231	.....	A	Dynamic cavernosometry	2.04	2.26	0.83	0.14	4.44	3.01	000
54235	.....	A	Penile injection	1.19	1.19	0.41	0.07	2.45	1.67	000
54240	.....	A	Penis study	1.31	1.59	NA	0.13	3.03	NA	000
54240	26	A	Penis study	1.31	0.45	0.45	0.08	1.84	1.84	000
54240	TC	A	Penis study	0.00	1.14	NA	0.05	1.19	NA	000
54250	.....	A	Penis study	2.22	2.90	NA	0.16	5.28	NA	000
54250	26	A	Penis study	2.22	0.75	0.75	0.14	3.11	3.11	000
54250	TC	A	Penis study	0.00	2.15	NA	0.02	2.17	NA	000
54300	.....	A	Revision of penis	10.41	NA	8.89	0.64	NA	19.94	090
54304	.....	A	Revision of penis	12.49	NA	10.04	0.74	NA	23.27	090
54308	.....	A	Reconstruction of urethra	11.83	NA	9.94	0.70	NA	22.47	090
54312	.....	A	Reconstruction of urethra	13.57	NA	10.73	0.81	NA	25.11	090
54316	.....	A	Reconstruction of urethra	16.82	NA	11.67	1.00	NA	29.49	090
54318	.....	A	Reconstruction of urethra	11.25	NA	10.06	1.15	NA	22.46	090
54322	.....	A	Reconstruction of urethra	13.01	NA	9.56	0.77	NA	23.34	090
54324	.....	A	Reconstruction of urethra	16.31	NA	12.02	1.03	NA	29.36	090
54326	.....	A	Reconstruction of urethra	15.72	NA	11.17	0.93	NA	27.82	090
54328	.....	A	Revise penis/urethra	15.65	NA	11.59	0.92	NA	28.16	090
54332	.....	A	Revise penis/urethra	17.08	NA	11.87	1.01	NA	29.96	090
54336	.....	A	Revise penis/urethra	20.04	NA	13.59	1.90	NA	35.53	090
54340	.....	A	Secondary urethral surgery	8.91	NA	9.80	0.72	NA	19.43	090
54344	.....	A	Secondary urethral surgery	15.94	NA	10.91	1.10	NA	27.95	090
54348	.....	A	Secondary urethral surgery	17.15	NA	12.10	1.02	NA	30.27	090
54352	.....	A	Reconstruct urethra/penis	24.74	NA	16.53	1.62	NA	42.89	090
54360	.....	A	Penis plastic surgery	11.93	NA	8.82	0.72	NA	21.47	090
54380	.....	A	Repair penis	13.18	NA	10.79	1.16	NA	25.13	090
54385	.....	A	Repair penis	15.39	NA	12.20	0.71	NA	28.30	090
54390	.....	A	Repair penis and bladder	21.61	NA	14.69	1.28	NA	37.58	090
54400	.....	A	Insert semi-rigid prosthesis	8.99	NA	6.53	0.53	NA	16.05	090
54401	.....	A	Insert self-contd prosthesis	10.28	NA	7.37	0.61	NA	18.26	090
54402	.....	D	Remove penis prosthesis	0.00	NA	0.00	0.00	NA	0.00	090
54405	.....	A	Insert multi-comp penis pros	13.43	NA	8.45	0.80	NA	22.68	090
54406	.....	A	Remove multi-comp penis pros	12.10	NA	6.09	0.80	NA	18.99	090
54407	.....	D	Remove multi-comp prosthesis	0.00	NA	0.00	0.00	NA	0.00	090
54408	.....	A	Repair multi-comp penis pros	12.75	NA	6.46	0.80	NA	20.01	090
54409	.....	D	Revise penis prosthesis	0.00	NA	0.00	0.00	NA	0.00	090
54410	.....	A	Remove/replace penis prosth	15.50	NA	7.36	0.80	NA	23.66	090
54411	.....	A	Remv/replc penis pros, comp	16.00	NA	8.98	0.80	NA	25.78	090
54415	.....	A	Remove self-contd penis pros	8.20	NA	5.35	0.55	NA	14.10	090
54416	.....	A	Remv/repl penis contain pros	10.87	NA	6.94	0.55	NA	18.36	090
54417	.....	A	Remv/replc penis pros, compl	14.19	NA	7.89	0.55	NA	22.63	090
54420	.....	A	Revision of penis	11.42	NA	8.70	0.72	NA	20.84	090
54430	.....	A	Revision of penis	10.15	NA	8.17	0.60	NA	18.92	090
54435	.....	A	Revision of penis	6.12	NA	6.30	0.36	NA	12.78	090
54440	.....	C	Repair of penis	0.00	0.00	0.00	0.00	0.00	0.00	090
54450	.....	A	Preputial stretching	1.12	1.10	0.49	0.07	2.29	1.68	000
54500	.....	A	Biopsy of testis	1.31	6.26	0.45	0.08	7.65	1.84	000
54505	.....	A	Biopsy of testis	3.46	NA	2.75	0.21	NA	6.42	010
54510	.....	D	Removal of testis lesion	0.00	NA	0.00	0.00	NA	0.00	090
54512	.....	A	Excise lesion testis	8.58	NA	5.19	0.56	NA	14.33	090
54520	.....	A	Removal of testis	5.23	NA	3.75	0.33	NA	9.31	090
54522	.....	A	Orchiectomy, partial	9.50	NA	6.15	0.62	NA	16.27	090
54530	.....	A	Removal of testis	8.58	NA	5.46	0.53	NA	14.57	090
54535	.....	A	Extensive testis surgery	12.16	NA	7.62	0.83	NA	20.61	090
54550	.....	A	Exploration for testis	7.78	NA	4.97	0.49	NA	13.24	090
54560	.....	A	Exploration for testis	11.13	NA	7.10	0.79	NA	19.02	090
54600	.....	A	Reduce testis torsion	7.01	NA	4.38	0.45	NA	11.84	090
54620	.....	A	Suspension of testis	4.90	NA	3.26	0.31	NA	8.47	010
54640	.....	A	Suspension of testis	6.90	NA	4.40	0.49	NA	11.79	090
54650	.....	A	Orchiopexy (Fowler-Stephens)	11.45	NA	7.29	0.81	NA	19.55	090
54660	.....	A	Revision of testis	5.11	NA	3.65	0.35	NA	9.11	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
54670	.....	A	Repair testis injury	6.41	NA	4.30	0.41	NA	11.12	090
54680	.....	A	Relocation of testis(es)	12.65	NA	7.65	0.94	NA	21.24	090
54690	.....	A	Laparoscopy, orchiectomy	10.96	NA	7.08	0.99	NA	19.03	090
54692	.....	A	Laparoscopy, orchiopexy	12.88	NA	5.84	0.87	NA	19.59	090
54699	.....	C	Laparoscope proc, testis	0.00	0.00	0.00	0.00	0.00	0.00	YYY
54700	.....	A	Drainage of scrotum	3.43	8.80	3.53	0.23	12.46	7.19	010
54800	.....	A	Biopsy of epididymis	2.33	6.45	0.79	0.14	8.92	3.26	000
54820	.....	A	Exploration of epididymis	5.14	NA	3.61	0.33	NA	9.08	090
54830	.....	A	Remove epididymis lesion	5.38	NA	3.85	0.34	NA	9.57	090
54840	.....	A	Remove epididymis lesion	5.20	NA	3.79	0.31	NA	9.30	090
54860	.....	A	Removal of epididymis	6.32	NA	4.40	0.38	NA	11.10	090
54861	.....	A	Removal of epididymis	8.90	NA	5.28	0.52	NA	14.70	090
54900	.....	A	Fusion of spermatic ducts	13.20	NA	6.99	1.34	NA	21.53	090
54901	.....	A	Fusion of spermatic ducts	17.94	NA	9.27	1.83	NA	29.04	090
55000	.....	A	Drainage of hydrocele	1.43	2.24	0.49	0.10	3.77	2.02	000
55040	.....	A	Removal of hydrocele	5.36	NA	3.56	0.35	NA	9.27	090
55041	.....	A	Removal of hydroceles	7.74	NA	4.63	0.50	NA	12.87	090
55060	.....	A	Repair of hydrocele	5.52	NA	3.64	0.37	NA	9.53	090
55100	.....	A	Drainage of scrotum abscess	2.13	10.06	3.63	0.15	12.34	5.91	010
55110	.....	A	Explore scrotum	5.70	NA	3.71	0.36	NA	9.77	090
55120	.....	A	Removal of scrotum lesion	5.09	NA	3.52	0.33	NA	8.94	090
55150	.....	A	Removal of scrotum	7.22	NA	4.76	0.47	NA	12.45	090
55175	.....	A	Revision of scrotum	5.24	NA	3.88	0.33	NA	9.45	090
55180	.....	A	Revision of scrotum	10.72	NA	6.38	0.72	NA	17.82	090
55200	.....	A	Incision of sperm duct	4.24	NA	3.10	0.25	NA	7.59	090
55250	.....	A	Removal of sperm duct(s)	3.29	9.72	3.28	0.21	13.22	6.78	090
55300	.....	A	Prepare, sperm duct x-ray	3.51	NA	1.56	0.20	NA	5.27	000
55400	.....	A	Repair of sperm duct	8.49	NA	5.32	0.50	NA	14.31	090
55450	.....	A	Ligation of sperm duct	4.12	8.08	2.62	0.24	12.44	6.98	010
55500	.....	A	Removal of hydrocele	5.59	NA	3.76	0.43	NA	9.78	090
55520	.....	A	Removal of sperm cord lesion	6.03	NA	3.82	0.56	NA	10.41	090
55530	.....	A	Revise spermatic cord veins	5.66	NA	3.92	0.36	NA	9.94	090
55535	.....	A	Revise spermatic cord veins	6.56	NA	4.23	0.42	NA	11.21	090
55540	.....	A	Revise hernia & sperm veins	7.67	NA	4.37	0.74	NA	12.78	090
55550	.....	A	Laparo ligate spermatic vein	6.57	NA	3.67	0.47	NA	10.71	090
55559	.....	C	Laparo proc, spermatic cord	0.00	0.00	0.00	0.00	0.00	0.00	YYY
55600	.....	A	Incise sperm duct pouch	6.38	NA	4.41	0.38	NA	11.17	090
55605	.....	A	Incise sperm duct pouch	7.96	NA	5.39	0.54	NA	13.89	090
55650	.....	A	Remove sperm duct pouch	11.80	NA	6.44	0.72	NA	18.96	090
55680	.....	A	Remove sperm pouch lesion	5.19	NA	3.77	0.31	NA	9.27	090
55700	.....	A	Biopsy of prostate	1.57	4.68	0.73	0.10	6.35	2.40	000
55705	.....	A	Biopsy of prostate	4.57	NA	3.92	0.26	NA	8.75	010
55720	.....	A	Drainage of prostate abscess	7.64	NA	5.88	0.44	NA	13.96	090
55725	.....	A	Drainage of prostate abscess	8.68	NA	6.58	0.51	NA	15.77	090
55801	.....	A	Removal of prostate	17.80	NA	9.78	1.08	NA	28.66	090
55810	.....	A	Extensive prostate surgery	22.58	NA	11.85	1.35	NA	35.78	090
55812	.....	A	Extensive prostate surgery	27.51	NA	13.91	1.69	NA	43.11	090
55815	.....	A	Extensive prostate surgery	30.46	NA	15.01	1.84	NA	47.31	090
55821	.....	A	Removal of prostate	14.25	NA	8.20	0.85	NA	23.30	090
55831	.....	A	Removal of prostate	15.62	NA	8.67	0.94	NA	25.23	090
55840	.....	A	Extensive prostate surgery	22.69	NA	12.32	1.37	NA	36.38	090
55842	.....	A	Extensive prostate surgery	24.38	NA	12.86	1.48	NA	38.72	090
55845	.....	A	Extensive prostate surgery	28.55	NA	14.26	1.71	NA	44.52	090
55859	.....	A	Percut/needle insert, pros	12.52	NA	7.71	0.74	NA	20.97	090
55860	.....	A	Surgical exposure, prostate	14.45	NA	7.93	0.82	NA	23.20	090
55862	.....	A	Extensive prostate surgery	18.39	NA	9.69	1.14	NA	29.22	090
55865	.....	A	Extensive prostate surgery	22.87	NA	11.49	1.37	NA	35.73	090
55870	.....	A	Electroejaculation	2.58	1.96	0.98	0.14	4.68	3.70	000
55873	.....	A	Cryoablate prostate	19.47	NA	10.65	1.02	NA	31.14	090
55899	.....	C	Genital surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
55970	.....	N	Sex transformation, M to F	0.00	0.00	0.00	0.00	0.00	0.00	XXX
55980	.....	N	Sex transformation, F to M	0.00	0.00	0.00	0.00	0.00	0.00	XXX
56405	.....	A	I & D of vulva/perineum	1.44	2.50	1.33	0.14	4.08	2.91	010
56420	.....	A	Drainage of gland abscess	1.39	2.48	1.33	0.13	4.00	2.85	010
56440	.....	A	Surgery for vulva lesion	2.84	3.83	2.40	0.28	6.95	5.52	010
56441	.....	A	Lysis of labial lesion(s)	1.97	2.74	2.11	0.17	4.88	4.25	010
56501	.....	A	Destroy, vulva lesions, simp	1.53	2.42	1.42	0.15	4.10	3.10	010
56515	.....	A	Destroy vulva lesion/s compl	2.76	3.20	2.46	0.18	6.14	5.40	010
56605	.....	A	Biopsy of vulva/perineum	1.10	1.90	0.50	0.11	3.11	1.71	000
56606	.....	A	Biopsy of vulva/perineum	0.55	1.69	0.23	0.06	2.30	0.84	ZZZ
56620	.....	A	Partial removal of vulva	7.47	NA	5.13	0.76	NA	13.36	090
56625	.....	A	Complete removal of vulva	8.40	NA	6.20	0.84	NA	15.44	090
56630	.....	A	Extensive vulva surgery	12.36	NA	7.93	1.23	NA	21.52	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
56631	.....	A	Extensive vulva surgery	16.20	NA	10.80	1.63	NA	28.63	090
56632	.....	A	Extensive vulva surgery	20.29	NA	12.42	2.03	NA	34.74	090
56633	.....	A	Extensive vulva surgery	16.47	NA	9.70	1.66	NA	27.83	090
56634	.....	A	Extensive vulva surgery	17.88	NA	11.25	1.78	NA	30.91	090
56637	.....	A	Extensive vulva surgery	21.97	NA	13.16	2.18	NA	37.31	090
56640	.....	A	Extensive vulva surgery	22.17	NA	12.58	2.26	NA	37.01	090
56700	.....	A	Partial removal of hymen	2.52	3.18	2.16	0.24	5.94	4.92	010
56720	.....	A	Incision of hymen	0.68	1.79	0.57	0.07	2.54	1.32	000
56740	.....	A	Remove vagina gland lesion	4.57	4.08	3.08	0.37	9.02	8.02	010
56800	.....	A	Repair of vagina	3.89	NA	2.86	0.37	NA	7.12	010
56805	.....	A	Repair clitoris	18.86	NA	9.69	1.82	NA	30.37	090
56810	.....	A	Repair of perineum	4.13	NA	2.91	0.41	NA	7.45	010
57000	.....	A	Exploration of vagina	2.97	NA	2.49	0.28	NA	5.74	010
57010	.....	A	Drainage of pelvic abscess	6.03	NA	4.08	0.57	NA	10.68	090
57020	.....	A	Drainage of pelvic fluid	1.50	1.63	0.66	0.15	3.28	2.31	000
57022	.....	A	I & d vaginal hematoma, pp	2.56	NA	2.14	0.24	NA	4.94	010
57023	.....	A	I & d vag hematoma, non-ob	4.75	NA	3.01	0.24	NA	8.00	010
57061	.....	A	Destroy vag lesions, simple	1.25	2.37	1.33	0.13	3.75	2.71	010
57065	.....	A	Destroy vag lesions, complex	2.61	3.09	2.41	0.26	5.96	5.28	010
57100	.....	A	Biopsy of vagina	1.20	1.64	0.53	0.10	2.94	1.83	000
57105	.....	A	Biopsy of vagina	1.69	2.35	2.34	0.17	4.21	4.20	010
57106	.....	A	Remove vagina wall, partial	6.36	2.67	2.67	0.58	9.61	9.61	090
57107	.....	A	Remove vagina tissue, part	23.00	NA	10.65	2.17	NA	35.82	090
57109	.....	A	Vaginectomy partial w/nodes	27.00	NA	13.89	1.97	NA	42.86	090
57110	.....	A	Remove vagina wall, complete	14.29	NA	7.56	1.43	NA	23.28	090
57111	.....	A	Remove vagina tissue, compl	27.00	NA	12.85	2.71	NA	42.56	090
57112	.....	A	Vaginectomy w/nodes, compl	29.00	NA	14.38	2.19	NA	45.57	090
57120	.....	A	Closure of vagina	7.41	NA	4.85	0.75	NA	13.01	090
57130	.....	A	Remove vagina lesion	2.43	NA	2.25	0.23	NA	4.91	010
57135	.....	A	Remove vagina lesion	2.67	3.09	2.35	0.26	6.02	5.28	010
57150	.....	A	Treat vagina infection	0.55	1.04	0.22	0.06	1.65	0.83	000
57155	.....	A	Insert uteri tandems/ovoids	6.27	NA	3.67	0.63	NA	10.57	090
57160	.....	A	Insert pessary/other device	0.89	1.12	0.41	0.09	2.10	1.39	000
57170	.....	A	Fitting of diaphragm/cap	0.91	1.46	0.36	0.09	2.46	1.36	000
57180	.....	A	Treat vaginal bleeding	1.58	2.37	1.55	0.16	4.11	3.29	010
57200	.....	A	Repair of vagina	3.94	NA	3.14	0.38	NA	7.46	090
57210	.....	A	Repair vagina/perineum	5.17	NA	3.69	0.50	NA	9.36	090
57220	.....	A	Revision of urethra	4.31	NA	3.52	0.42	NA	8.25	090
57230	.....	A	Repair of urethral lesion	5.64	NA	4.49	0.50	NA	10.63	090
57240	.....	A	Repair bladder & vagina	6.07	NA	4.62	0.53	NA	11.22	090
57250	.....	A	Repair rectum & vagina	5.53	NA	4.01	0.54	NA	10.08	090
57260	.....	A	Repair of vagina	8.27	NA	5.17	0.83	NA	14.27	090
57265	.....	A	Extensive repair of vagina	11.34	NA	7.22	1.14	NA	19.70	090
57268	.....	A	Repair of bowel bulge	6.76	NA	4.54	0.66	NA	11.96	090
57270	.....	A	Repair of bowel pouch	12.11	NA	6.58	1.17	NA	19.86	090
57280	.....	A	Suspension of vagina	15.04	NA	7.74	1.44	NA	24.22	090
57282	.....	A	Repair of vaginal prolapse	8.86	NA	5.44	0.86	NA	15.16	090
57284	.....	A	Repair paravaginal defect	12.70	NA	7.45	1.17	NA	21.32	090
57287	.....	A	Revise/remove sling repair	10.71	NA	7.47	0.74	NA	18.92	090
57288	.....	A	Repair bladder defect	13.02	NA	7.24	0.86	NA	21.12	090
57289	.....	A	Repair bladder & vagina	11.58	NA	7.12	0.95	NA	19.65	090
57291	.....	A	Construction of vagina	7.95	NA	5.93	0.78	NA	14.66	090
57292	.....	A	Construct vagina with graft	13.09	NA	7.20	1.29	NA	21.58	090
57300	.....	A	Repair rectum-vagina fistula	7.61	NA	4.82	0.70	NA	13.13	090
57305	.....	A	Repair rectum-vagina fistula	13.77	NA	7.00	1.33	NA	22.10	090
57307	.....	A	Fistula repair & colostomy	15.93	NA	7.72	1.59	NA	25.24	090
57308	.....	A	Fistula repair, transperine	9.94	NA	5.96	0.91	NA	16.81	090
57310	.....	A	Repair urethrovaginal lesion	6.78	NA	4.95	0.45	NA	12.18	090
57311	.....	A	Repair urethrovaginal lesion	7.98	NA	5.45	0.51	NA	13.94	090
57320	.....	A	Repair bladder-vagina lesion	8.01	NA	5.68	0.60	NA	14.29	090
57330	.....	A	Repair bladder-vagina lesion	12.35	NA	6.96	0.86	NA	20.17	090
57335	.....	A	Repair vagina	18.73	NA	9.84	1.66	NA	30.23	090
57400	.....	A	Dilation of vagina	2.27	NA	1.18	0.22	NA	3.67	000
57410	.....	A	Pelvic examination	1.75	2.75	1.12	0.14	4.64	3.01	000
57415	.....	A	Remove vaginal foreign body	2.17	3.71	2.18	0.19	6.07	4.54	010
57452	.....	A	Examination of vagina	0.99	1.69	0.46	0.10	2.78	1.55	000
57454	.....	A	Vagina examination & biopsy	1.27	1.88	0.62	0.13	3.28	2.02	000
57460	.....	A	Cervix excision	2.83	2.17	1.19	0.28	5.28	4.30	000
57500	.....	A	Biopsy of cervix	0.97	2.29	0.50	0.10	3.36	1.57	000
57505	.....	A	Endocervical curettage	1.14	2.05	1.36	0.12	3.31	2.62	010
57510	.....	A	Cauterization of cervix	1.90	3.39	1.66	0.18	5.47	3.74	010
57511	.....	A	Cryocautery of cervix	1.90	2.54	0.77	0.18	4.62	2.85	010
57513	.....	A	Laser surgery of cervix	1.90	2.72	1.66	0.19	4.81	3.75	010

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CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
57520	.....	A	Conization of cervix	4.04	4.43	2.93	0.41	8.88	7.38	090
57522	.....	A	Conization of cervix	3.36	4.02	2.68	0.34	7.72	6.38	090
57530	.....	A	Removal of cervix	4.79	NA	3.78	0.48	NA	9.05	090
57531	.....	A	Removal of cervix, radical	28.00	NA	14.44	2.46	NA	44.90	090
57540	.....	A	Removal of residual cervix	12.22	NA	6.49	1.21	NA	19.92	090
57545	.....	A	Remove cervix/repair pelvis	13.03	NA	6.95	1.30	NA	21.28	090
57550	.....	A	Removal of residual cervix	5.53	NA	3.98	0.55	NA	10.06	090
57555	.....	A	Remove cervix/repair vagina	8.95	NA	5.90	0.89	NA	15.74	090
57556	.....	A	Remove cervix, repair bowel	8.37	NA	5.14	0.80	NA	14.31	090
57700	.....	A	Revision of cervix	3.55	NA	2.71	0.33	NA	6.59	090
57720	.....	A	Revision of cervix	4.13	NA	3.41	0.41	NA	7.95	090
57800	.....	A	Dilation of cervical canal	0.77	1.22	0.36	0.08	2.07	1.21	000
57820	.....	A	D & C of residual cervix	1.67	2.70	2.40	0.17	4.54	4.24	010
58100	.....	A	Biopsy of uterus lining	1.53	1.56	0.76	0.07	3.16	2.36	000
58120	.....	A	Dilation and curettage	3.27	4.01	2.55	0.33	7.61	6.15	010
58140	.....	A	Removal of uterus lesion	14.60	NA	7.38	1.46	NA	23.44	090
58145	.....	A	Removal of uterus lesion	8.04	NA	5.11	0.80	NA	13.95	090
58150	.....	A	Total hysterectomy	15.24	NA	7.90	1.53	NA	24.67	090
58152	.....	A	Total hysterectomy	20.60	NA	10.17	1.52	NA	32.29	090
58180	.....	A	Partial hysterectomy	15.29	NA	7.90	1.54	NA	24.73	090
58200	.....	A	Extensive hysterectomy	21.59	NA	11.62	2.15	NA	35.36	090
58210	.....	A	Extensive hysterectomy	28.85	NA	14.67	2.91	NA	46.43	090
58240	.....	A	Removal of pelvis contents	38.39	NA	19.71	3.76	NA	61.86	090
58260	.....	A	Vaginal hysterectomy	12.98	NA	6.90	1.23	NA	21.11	090
58262	.....	A	Vaginal hysterectomy	14.77	NA	7.66	1.42	NA	23.85	090
58263	.....	A	Vaginal hysterectomy	16.06	NA	8.22	1.55	NA	25.83	090
58267	.....	A	Hysterectomy & vagina repair	17.04	NA	8.81	1.51	NA	27.36	090
58270	.....	A	Hysterectomy & vagina repair	14.26	NA	7.43	1.37	NA	23.06	090
58275	.....	A	Hysterectomy/revise vagina	15.76	NA	7.94	1.51	NA	25.21	090
58280	.....	A	Hysterectomy/revise vagina	17.01	NA	8.46	1.54	NA	27.01	090
58285	.....	A	Extensive hysterectomy	22.26	NA	11.15	1.88	NA	35.29	090
58300	.....	N	Insert intrauterine device	+1.01	1.42	0.40	0.10	2.53	1.51	XXX
58301	.....	A	Remove intrauterine device	1.27	1.62	0.51	0.13	3.02	1.91	000
58321	.....	A	Artificial insemination	0.92	1.03	0.37	0.10	2.05	1.39	000
58322	.....	A	Artificial insemination	1.10	1.05	0.42	0.11	2.26	1.63	000
58323	.....	A	Sperm washing	0.23	0.53	0.10	0.02	0.78	0.35	000
58340	.....	A	Catheter for hysterography	0.88	12.42	0.33	0.08	13.38	1.29	000
58345	.....	A	Reopen fallopian tube	4.66	NA	1.73	0.36	NA	6.75	010
58346	.....	A	Insert heyman uteri capsule	6.75	NA	3.84	0.68	NA	11.27	090
58350	.....	A	Reopen fallopian tube	1.01	2.15	1.17	0.10	3.26	2.28	010
58353	.....	A	Endometr ablate, thermal	3.56	NA	2.28	0.37	NA	6.21	010
58400	.....	A	Suspension of uterus	6.36	NA	4.17	0.62	NA	11.15	090
58410	.....	A	Suspension of uterus	12.73	NA	6.84	1.09	NA	20.66	090
58520	.....	A	Repair of ruptured uterus	11.92	NA	6.24	1.17	NA	19.33	090
58540	.....	A	Revision of uterus	14.64	NA	6.96	1.28	NA	22.88	090
58550	.....	A	Laparo-asst vag hysterectomy	14.19	NA	7.11	1.44	NA	22.74	010
58551	.....	A	Laparoscopy, remove myoma	14.21	NA	7.09	1.45	NA	22.75	010
58555	.....	A	Hysteroscopy, dx, sep proc	3.33	2.95	1.49	0.34	6.62	5.16	000
58558	.....	A	Hysteroscopy, biopsy	4.75	3.55	2.13	0.49	8.79	7.37	000
58559	.....	A	Hysteroscopy, lysis	6.17	2.59	2.59	0.62	9.38	9.38	000
58560	.....	A	Hysteroscopy, resect septum	7.00	3.01	3.01	0.71	10.72	10.72	000
58561	.....	A	Hysteroscopy, remove myoma	10.00	3.78	3.78	1.02	14.80	14.80	000
58562	.....	A	Hysteroscopy, remove fb	5.21	NA	2.34	0.52	NA	8.07	000
58563	.....	A	Hysteroscopy, ablation	6.17	2.62	2.62	0.62	9.41	9.41	000
58578	.....	C	Laparo proc, uterus	0.00	0.00	0.00	0.00	0.00	0.00	YYY
58579	.....	C	Hysteroscope procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
58600	.....	A	Division of fallopian tube	5.60	NA	3.51	0.39	NA	9.50	090
58605	.....	A	Division of fallopian tube	5.00	NA	3.32	0.33	NA	8.65	090
58611	.....	A	Ligate oviduct(s) add-on	1.45	NA	0.61	0.07	NA	2.13	ZZZ
58615	.....	A	Occlude fallopian tube(s)	3.90	NA	3.35	0.40	NA	7.65	010
58660	.....	A	Laparoscopy, lysis	11.29	NA	5.78	1.14	NA	18.21	090
58661	.....	A	Laparoscopy, remove adnexa	11.05	NA	5.47	1.12	NA	17.64	010
58662	.....	A	Laparoscopy, excise lesions	11.79	NA	5.75	1.18	NA	18.72	090
58670	.....	A	Laparoscopy, tubal cautery	5.60	NA	3.73	0.55	NA	9.88	090
58671	.....	A	Laparoscopy, tubal block	5.60	NA	3.74	0.56	NA	9.90	090
58672	.....	A	Laparoscopy, fimbrioplasty	12.88	NA	6.81	1.22	NA	20.91	090
58673	.....	A	Laparoscopy, salpingostomy	13.74	NA	7.16	1.40	NA	22.30	090
58679	.....	C	Laparo proc, oviduct-ovary	0.00	0.00	0.00	0.00	0.00	0.00	YYY
58700	.....	A	Removal of fallopian tube	12.05	NA	6.05	0.64	NA	18.74	090
58720	.....	A	Removal of ovary/tube(s)	11.36	NA	6.05	1.14	NA	18.55	090
58740	.....	A	Revise fallopian tube(s)	14.00	NA	7.34	0.59	NA	21.93	090
58750	.....	A	Repair oviduct	14.84	NA	7.60	1.52	NA	23.96	090
58752	.....	A	Revise ovarian tube(s)	14.84	NA	7.92	1.51	NA	24.27	090

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] +Indicates RVUs are not used for Medicare payment.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
58760	.....	A	Remove tubal obstruction	13.13	NA	7.00	1.34	NA	21.47	090
58770	.....	A	Create new tubal opening	13.97	NA	7.24	1.42	NA	22.63	090
58800	.....	A	Drainage of ovarian cyst(s)	4.14	4.43	4.36	0.36	8.93	8.86	090
58805	.....	A	Drainage of ovarian cyst(s)	5.88	NA	3.66	0.56	NA	10.10	090
58820	.....	A	Drain ovary abscess, open	4.22	NA	3.38	0.29	NA	7.89	090
58822	.....	A	Drain ovary abscess, percut	10.13	NA	5.20	0.92	NA	16.25	090
58823	.....	A	Drain pelvic abscess, percut	3.38	NA	2.38	0.18	NA	5.94	000
58825	.....	A	Transposition, ovary(s)	10.98	NA	5.95	0.62	NA	17.55	090
58900	.....	A	Biopsy of ovary(s)	5.99	NA	3.64	0.56	NA	10.19	090
58920	.....	A	Partial removal of ovary(s)	11.36	NA	5.85	0.68	NA	17.89	090
58925	.....	A	Removal of ovarian cyst(s)	11.36	NA	5.79	1.14	NA	18.29	090
58940	.....	A	Removal of ovary(s)	7.29	NA	4.18	0.73	NA	12.20	090
58943	.....	A	Removal of ovary(s)	18.43	NA	9.92	1.86	NA	30.21	090
58950	.....	A	Resect ovarian malignancy	16.93	NA	9.41	1.55	NA	27.89	090
58951	.....	A	Resect ovarian malignancy	22.38	NA	11.81	2.20	NA	36.39	090
58952	.....	A	Resect ovarian malignancy	25.01	NA	12.99	2.50	NA	40.50	090
58953	.....	A	Tah, rad dissect for debulk	32.00	NA	15.59	3.20	NA	50.79	090
58954	.....	A	Tah rad debulk/lymph remove	35.00	NA	16.71	3.50	NA	55.21	090
58960	.....	A	Exploration of abdomen	14.65	NA	8.52	1.47	NA	24.64	090
58970	.....	A	Retrieval of oocyte	3.53	8.56	1.92	0.36	12.45	5.81	000
58974	.....	C	Transfer of embryo	0.00	0.00	0.00	0.00	0.00	0.00	000
58976	.....	A	Transfer of embryo	3.83	2.30	1.53	0.39	6.52	5.75	000
58999	.....	C	Genital surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
59000	.....	A	Amniocentesis, diagnostic	1.30	2.05	0.72	0.23	3.58	2.25	000
59001	.....	A	Amniocentesis, therapeutic	3.00	NA	1.37	0.23	NA	4.60	000
59012	.....	A	Fetal cord puncture, prenatal	3.45	NA	1.71	0.62	NA	5.78	000
59015	.....	A	Chorion biopsy	2.20	1.64	1.11	0.40	4.24	3.71	000
59020	.....	A	Fetal contract stress test	0.66	0.78	NA	0.20	1.64	NA	000
59020	26	A	Fetal contract stress test	0.66	0.28	0.28	0.12	1.06	1.06	000
59020	TC	A	Fetal contract stress test	0.00	0.50	NA	0.08	0.58	NA	000
59025	.....	A	Fetal non-stress test	0.53	0.44	NA	0.12	1.09	NA	000
59025	26	A	Fetal non-stress test	0.53	0.22	0.22	0.10	0.85	0.85	000
59025	TC	A	Fetal non-stress test	0.00	0.22	NA	0.02	0.24	NA	000
59030	.....	A	Fetal scalp blood sample	1.99	NA	1.14	0.36	NA	3.49	000
59050	.....	A	Fetal monitor w/report	0.89	NA	0.38	0.16	NA	1.43	XXX
59051	.....	A	Fetal monitor/interpret only	0.74	NA	0.31	0.14	NA	1.19	XXX
59100	.....	A	Remove uterus lesion	12.35	NA	6.61	2.21	NA	21.17	090
59120	.....	A	Treat ectopic pregnancy	11.49	NA	6.35	2.06	NA	19.90	090
59121	.....	A	Treat ectopic pregnancy	11.67	NA	6.39	2.09	NA	20.15	090
59130	.....	A	Treat ectopic pregnancy	14.22	NA	7.16	2.54	NA	23.92	090
59135	.....	A	Treat ectopic pregnancy	13.88	NA	7.27	2.49	NA	23.64	090
59136	.....	A	Treat ectopic pregnancy	13.18	NA	6.36	2.36	NA	21.90	090
59140	.....	A	Treat ectopic pregnancy	5.46	NA	3.70	0.98	NA	10.14	090
59150	.....	A	Treat ectopic pregnancy	11.67	NA	6.69	1.23	NA	19.59	090
59151	.....	A	Treat ectopic pregnancy	11.49	NA	6.12	1.41	NA	19.02	090
59160	.....	A	D & C after delivery	2.71	3.73	2.29	0.49	6.93	5.49	010
59200	.....	A	Insert cervical dilator	0.79	1.41	0.32	0.15	2.35	1.26	000
59300	.....	A	Episiotomy or vaginal repair	2.41	2.01	1.01	0.43	4.85	3.85	000
59320	.....	A	Revision of cervix	2.48	NA	1.31	0.45	NA	4.24	000
59325	.....	A	Revision of cervix	4.07	NA	1.97	0.73	NA	6.77	000
59350	.....	A	Repair of uterus	4.95	NA	2.19	0.88	NA	8.02	000
59400	.....	A	Obstetrical care	23.06	NA	15.41	4.14	NA	42.61	MMM
59409	.....	A	Obstetrical care	13.50	NA	5.57	2.42	NA	21.49	MMM
59410	.....	A	Obstetrical care	14.78	NA	6.98	2.65	NA	24.41	MMM
59412	.....	A	Antepartum manipulation	1.71	1.38	0.72	0.31	3.40	2.74	MMM
59414	.....	A	Deliver placenta	1.61	NA	1.34	0.29	NA	3.24	MMM
59425	.....	A	Antepartum care only	4.81	5.36	5.32	0.86	11.03	10.99	MMM
59426	.....	A	Antepartum care only	8.28	9.14	9.14	1.49	18.91	18.91	MMM
59430	.....	A	Care after delivery	2.13	1.29	1.29	0.38	3.80	3.80	MMM
59510	.....	A	Cesarean delivery	26.22	NA	17.61	4.70	NA	48.53	MMM
59514	.....	A	Cesarean delivery only	15.97	NA	6.57	2.86	NA	25.40	MMM
59515	.....	A	Cesarean delivery	17.37	NA	8.52	3.12	NA	29.01	MMM
59525	.....	A	Remove uterus after cesarean	8.54	NA	3.52	1.53	NA	13.59	ZZZ
59610	.....	A	Vbac delivery	24.62	NA	16.29	4.41	NA	45.32	MMM
59612	.....	A	Vbac delivery only	15.06	NA	6.43	2.70	NA	24.19	MMM
59614	.....	A	Vbac care after delivery	16.34	NA	7.70	2.93	NA	26.97	MMM
59618	.....	A	Attempted vbac delivery	27.78	NA	18.38	4.98	NA	51.14	MMM
59620	.....	A	Attempted vbac delivery only	17.53	NA	6.87	3.15	NA	27.55	MMM
59622	.....	A	Attempted vbac after care	18.93	NA	8.91	3.39	NA	31.23	MMM
59812	.....	A	Treatment of miscarriage	4.01	3.75	2.51	0.58	8.34	7.10	090
59820	.....	A	Care of miscarriage	4.01	3.79	2.85	0.72	8.52	7.58	090
59821	.....	A	Treatment of miscarriage	4.47	3.79	3.01	0.80	9.06	8.28	090
59830	.....	A	Treat uterus infection	6.11	NA	3.85	1.10	NA	11.06	090

[3] +Indicates RVUs are not used for Medicare payment.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
59840		R	Abortion	3.01	4.01	2.47	0.54	7.56	6.02	010
59841		R	Abortion	5.24	5.78	3.72	0.94	11.96	9.90	010
59850		R	Abortion	5.91	NA	2.75	1.06	NA	9.72	090
59851		R	Abortion	5.93	NA	3.22	1.06	NA	10.21	090
59852		R	Abortion	8.24	NA	4.58	1.48	NA	14.30	090
59855		R	Abortion	6.12	NA	3.38	1.10	NA	10.60	090
59856		R	Abortion	7.48	NA	3.74	1.34	NA	12.56	090
59857		R	Abortion	9.29	NA	4.46	1.66	NA	15.41	090
59866		R	Abortion (mpr)	4.00	NA	1.60	0.72	NA	6.32	000
59870		A	Evacuate mole of uterus	6.01	NA	3.83	0.77	NA	10.61	090
59871		A	Remove cerclage suture	2.13	2.19	0.93	0.38	4.70	3.44	000
59898		C	Laparo proc, ob care/deliver	0.00	0.00	0.00	0.00	0.00	0.00	YYY
59899		C	Maternity care procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
60000		A	Drain thyroid/tongue cyst	1.76	2.40	2.22	0.14	4.30	4.12	010
60001		A	Aspirate/inject thyriod cyst	0.97	1.77	0.35	0.06	2.80	1.38	000
60100		A	Biopsy of thyroid	1.56	2.70	0.56	0.05	4.31	2.17	000
60200		A	Remove thyroid lesion	9.55	NA	6.88	0.84	NA	17.27	090
60210		A	Partial thyroid excision	10.88	NA	6.63	1.01	NA	18.52	090
60212		A	Parital thyroid excision	16.03	NA	8.62	1.51	NA	26.16	090
60220		A	Partial removal of thyroid	11.90	NA	7.27	0.97	NA	20.14	090
60225		A	Partial removal of thyroid	14.19	NA	8.05	1.31	NA	23.55	090
60240		A	Removal of thyroid	16.06	NA	9.32	1.50	NA	26.88	090
60252		A	Removal of thyroid	20.57	NA	11.64	1.63	NA	33.84	090
60254		A	Extensive thyroid surgery	26.99	NA	16.39	1.96	NA	45.34	090
60260		A	Repeat thyroid surgery	17.47	NA	10.66	1.39	NA	29.52	090
60270		A	Removal of thyroid	20.27	NA	11.54	1.78	NA	33.59	090
60271		A	Removal of thyroid	16.83	NA	10.20	1.35	NA	28.38	090
60280		A	Remove thyroid duct lesion	5.87	NA	5.29	0.45	NA	11.61	090
60281		A	Remove thyroid duct lesion	8.53	NA	6.27	0.67	NA	15.47	090
60500		A	Explore parathyroid glands	16.23	NA	7.99	1.61	NA	25.83	090
60502		A	Re-explore parathyroids	20.35	NA	9.97	2.00	NA	32.32	090
60505		A	Explore parathyroid glands	21.49	NA	11.53	2.14	NA	35.16	090
60512		A	Autotransplant parathyroid	4.45	NA	1.72	0.44	NA	6.61	ZZZ
60520		A	Removal of thymus gland	16.81	NA	9.55	1.84	NA	28.20	090
60521		A	Removal of thymus gland	18.87	NA	11.57	2.34	NA	32.78	090
60522		A	Removal of thymus gland	23.09	NA	12.88	2.83	NA	38.80	090
60540		A	Explore adrenal gland	17.03	NA	8.09	1.42	NA	26.54	090
60545		A	Explore adrenal gland	19.88	NA	9.73	1.75	NA	31.36	090
60600		A	Remove carotid body lesion	17.93	NA	13.43	1.87	NA	33.23	090
60605		A	Remove carotid body lesion	20.24	NA	18.12	2.28	NA	40.64	090
60650		A	Laparoscopy adrenalectomy	20.00	NA	8.34	1.98	NA	30.32	090
60659		C	Laparo proc, endocrine	0.00	0.00	0.00	0.00	0.00	0.00	YYY
60699		C	Endocrine surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
61000		A	Remove cranial cavity fluid	1.58	1.79	1.53	0.13	3.50	3.24	000
61001		A	Remove cranial cavity fluid	1.49	2.08	1.47	0.15	3.72	3.11	000
61020		A	Remove brain cavity fluid	1.51	2.52	1.51	0.26	4.29	3.28	000
61026		A	Injection into brain canal	1.69	2.28	1.73	0.21	4.18	3.63	000
61050		A	Remove brain canal fluid	1.51	NA	1.56	0.13	NA	3.20	000
61055		A	Injection into brain canal	2.10	NA	1.80	0.13	NA	4.03	000
61070		A	Brain canal shunt procedure	0.89	7.33	1.22	0.09	8.31	2.20	000
61105		A	Twist drill hole	5.14	NA	3.67	1.05	NA	9.86	090
61107		A	Drill skull for implantation	5.00	NA	3.12	1.02	NA	9.14	000
61108		A	Drill skull for drainage	10.19	NA	7.09	2.04	NA	19.32	090
61120		A	Burr hole for puncture	8.76	NA	5.88	1.81	NA	16.45	090
61140		A	Pierce skull for biopsy	15.90	NA	10.00	3.15	NA	29.05	090
61150		A	Pierce skull for drainage	17.57	NA	10.74	3.52	NA	31.83	090
61151		A	Pierce skull for drainage	12.42	NA	8.16	2.45	NA	23.03	090
61154		A	Pierce skull & remove clot	14.99	NA	9.43	3.05	NA	27.47	090
61156		A	Pierce skull for drainage	16.32	NA	10.30	3.42	NA	30.04	090
61210		A	Pierce skull, implant device	5.84	NA	3.53	1.16	NA	10.53	000
61215		A	Insert brain-fluid device	4.89	NA	4.24	0.99	NA	10.12	090
61250		A	Pierce skull & explore	10.42	NA	6.73	2.02	NA	19.17	090
61253		A	Pierce skull & explore	12.36	NA	7.65	2.26	NA	22.27	090
61304		A	Open skull for exploration	21.96	NA	12.85	4.33	NA	39.14	090
61305		A	Open skull for exploration	26.61	NA	15.31	5.25	NA	47.17	090
61312		A	Open skull for drainage	24.57	NA	14.57	4.99	NA	44.13	090
61313		A	Open skull for drainage	24.93	NA	14.76	5.07	NA	44.76	090
61314		A	Open skull for drainage	24.23	NA	11.55	4.00	NA	39.78	090
61315		A	Open skull for drainage	27.68	NA	16.22	5.62	NA	49.52	090
61320		A	Open skull for drainage	25.62	NA	15.20	5.20	NA	46.02	090
61321		A	Open skull for drainage	28.50	NA	16.09	5.35	NA	49.94	090
61330		A	Decompress eye socket	23.32	NA	19.43	2.58	NA	45.33	090
61332		A	Explore/biopsy eye socket	27.28	NA	20.43	4.15	NA	51.86	090

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[3] +Indicates RVUs are not used for Medicare payment.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
61333	.....	A	Explore orbit/remove lesion	27.95	NA	16.45	2.24	NA	46.64	090
61334	.....	A	Explore orbit/remove object	18.27	NA	10.08	3.02	NA	31.37	090
61340	.....	A	Relieve cranial pressure	18.66	NA	11.75	3.66	NA	34.07	090
61343	.....	A	Incise skull (press relief)	29.77	NA	17.96	6.04	NA	53.77	090
61345	.....	A	Relieve cranial pressure	27.20	NA	16.17	5.23	NA	48.60	090
61440	.....	A	Incise skull for surgery	26.63	NA	12.14	5.57	NA	44.34	090
61450	.....	A	Incise skull for surgery	25.95	NA	14.46	5.11	NA	45.52	090
61458	.....	A	Incise skull for brain wound	27.29	NA	15.89	5.28	NA	48.46	090
61460	.....	A	Incise skull for surgery	28.39	NA	16.77	5.13	NA	50.29	090
61470	.....	A	Incise skull for surgery	26.06	NA	13.74	4.65	NA	44.45	090
61480	.....	A	Incise skull for surgery	26.49	NA	12.34	5.54	NA	44.37	090
61490	.....	A	Incise skull for surgery	25.66	NA	15.18	5.37	NA	46.21	090
61500	.....	A	Removal of skull lesion	17.92	NA	11.03	3.26	NA	32.21	090
61501	.....	A	Remove infected skull bone	14.84	NA	9.62	2.63	NA	27.09	090
61510	.....	A	Removal of brain lesion	28.45	NA	16.60	5.77	NA	50.82	090
61512	.....	A	Remove brain lining lesion	35.09	NA	20.18	7.14	NA	62.41	090
61514	.....	A	Removal of brain abscess	25.26	NA	14.91	5.12	NA	45.29	090
61516	.....	A	Removal of brain lesion	24.61	NA	15.01	4.94	NA	44.56	090
61518	.....	A	Removal of brain lesion	37.32	NA	22.34	7.53	NA	67.19	090
61519	.....	A	Remove brain lining lesion	41.39	NA	24.42	8.15	NA	73.96	090
61520	.....	A	Removal of brain lesion	54.84	NA	31.93	10.10	NA	96.87	090
61521	.....	A	Removal of brain lesion	44.48	NA	26.22	8.85	NA	79.55	090
61522	.....	A	Removal of brain abscess	29.45	NA	17.20	5.30	NA	51.95	090
61524	.....	A	Removal of brain lesion	27.86	NA	16.83	5.01	NA	49.70	090
61526	.....	A	Removal of brain lesion	52.17	NA	31.55	6.72	NA	90.44	090
61530	.....	A	Removal of brain lesion	43.86	NA	27.43	6.17	NA	77.46	090
61531	.....	A	Implant brain electrodes	14.63	NA	9.56	2.84	NA	27.03	090
61533	.....	A	Implant brain electrodes	19.71	NA	12.21	3.80	NA	35.72	090
61534	.....	A	Removal of brain lesion	20.97	NA	13.30	4.15	NA	38.42	090
61535	.....	A	Remove brain electrodes	11.63	NA	8.16	2.29	NA	22.08	090
61536	.....	A	Removal of brain lesion	35.52	NA	21.18	6.68	NA	63.38	090
61538	.....	A	Removal of brain tissue	26.81	NA	16.30	5.38	NA	48.49	090
61539	.....	A	Removal of brain tissue	32.08	NA	18.91	6.62	NA	57.61	090
61541	.....	A	Incision of brain tissue	28.85	NA	16.89	5.50	NA	51.24	090
61542	.....	A	Removal of brain tissue	31.02	NA	18.00	6.49	NA	55.51	090
61543	.....	A	Removal of brain tissue	29.22	NA	17.42	6.11	NA	52.75	090
61544	.....	A	Remove & treat brain lesion	25.50	NA	15.21	4.91	NA	45.62	090
61545	.....	A	Excision of brain tumor	43.80	NA	25.09	8.88	NA	77.77	090
61546	.....	A	Removal of pituitary gland	31.30	NA	18.74	6.06	NA	56.10	090
61548	.....	A	Removal of pituitary gland	21.53	NA	13.74	3.63	NA	38.90	090
61550	.....	A	Release of skull seams	14.65	NA	4.89	1.14	NA	20.68	090
61552	.....	A	Release of skull seams	19.56	NA	9.87	0.88	NA	30.31	090
61556	.....	A	Incise skull/sutures	22.26	NA	11.74	3.57	NA	37.57	090
61557	.....	A	Incise skull/sutures	22.38	NA	13.41	4.68	NA	40.47	090
61558	.....	A	Excision of skull/sutures	25.58	NA	12.67	2.61	NA	40.86	090
61559	.....	A	Excision of skull/sutures	32.79	NA	18.89	6.86	NA	58.54	090
61563	.....	A	Excision of skull tumor	26.83	NA	16.25	4.46	NA	47.54	090
61564	.....	A	Excision of skull tumor	33.83	NA	18.73	7.08	NA	59.64	090
61570	.....	A	Remove foreign body, brain	24.60	NA	13.80	4.60	NA	43.00	090
61571	.....	A	Incise skull for brain wound	26.39	NA	15.43	5.23	NA	47.05	090
61575	.....	A	Skull base/brainstem surgery	34.36	NA	21.38	5.02	NA	60.76	090
61576	.....	A	Skull base/brainstem surgery	52.43	NA	28.89	4.68	NA	86.00	090
61580	.....	A	Craniofacial approach, skull	30.35	NA	19.96	2.75	NA	53.06	090
61581	.....	A	Craniofacial approach, skull	34.60	NA	22.57	3.37	NA	60.54	090
61582	.....	A	Craniofacial approach, skull	31.66	NA	19.56	6.30	NA	57.52	090
61583	.....	A	Craniofacial approach, skull	36.21	NA	22.71	6.94	NA	65.86	090
61584	.....	A	Orbitocranial approach/skull	34.65	NA	20.99	6.53	NA	62.17	090
61585	.....	A	Orbitocranial approach/skull	38.61	NA	22.21	6.19	NA	67.01	090
61586	.....	A	Resect nasopharynx, skull	25.10	NA	16.39	3.52	NA	45.01	090
61590	.....	A	Infratemporal approach/skull	41.78	NA	26.12	4.28	NA	72.18	090
61591	.....	A	Infratemporal approach/skull	43.68	NA	26.89	5.26	NA	75.83	090
61592	.....	A	Orbitocranial approach/skull	39.64	NA	23.59	7.55	NA	70.78	090
61595	.....	A	Transtemporal approach/skull	29.57	NA	19.74	3.05	NA	52.36	090
61596	.....	A	Transcochlear approach/skull	35.63	NA	21.88	4.25	NA	61.76	090
61597	.....	A	Transcondylar approach/skull	37.96	NA	22.41	6.65	NA	67.02	090
61598	.....	A	Transpetrosal approach/skull	33.41	NA	20.92	4.60	NA	58.93	090
61600	.....	A	Resect/excise cranial lesion	25.85	NA	15.01	3.12	NA	43.98	090
61601	.....	A	Resect/excise cranial lesion	27.89	NA	17.34	5.29	NA	50.52	090
61605	.....	A	Resect/excise cranial lesion	29.33	NA	18.97	2.51	NA	50.81	090
61606	.....	A	Resect/excise cranial lesion	38.83	NA	23.17	6.81	NA	68.81	090
61607	.....	A	Resect/excise cranial lesion	36.27	NA	22.17	5.69	NA	64.13	090
61608	.....	A	Resect/excise cranial lesion	42.10	NA	24.89	8.31	NA	75.30	090
61609	.....	A	Transect artery, sinus	9.89	NA	5.11	2.07	NA	17.07	ZZZ

[3] +Indicates RVUs are not used for Medicare payment.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
61610	.....	A	Transect artery, sinus	29.67	NA	14.38	3.52	NA	47.57	ZZZ
61611	.....	A	Transect artery, sinus	7.42	NA	2.96	1.55	NA	11.93	ZZZ
61612	.....	A	Transect artery, sinus	27.88	NA	14.30	3.55	NA	45.73	ZZZ
61613	.....	A	Remove aneurysm, sinus	40.86	NA	23.34	8.32	NA	72.52	090
61615	.....	A	Resect/excise lesion, skull	32.07	NA	20.81	4.64	NA	57.52	090
61616	.....	A	Resect/excise lesion, skull	43.33	NA	26.97	7.02	NA	77.32	090
61618	.....	A	Repair dura	16.99	NA	11.43	2.92	NA	31.34	090
61619	.....	A	Repair dura	20.71	NA	13.67	3.42	NA	37.80	090
61624	.....	A	Occlusion/embolization cath	20.15	NA	7.46	1.15	NA	28.76	000
61626	.....	A	Occlusion/embolization cath	16.62	NA	5.88	0.84	NA	23.34	000
61680	.....	A	Intracranial vessel surgery	30.71	NA	18.38	6.04	NA	55.13	090
61682	.....	A	Intracranial vessel surgery	61.57	NA	34.65	12.69	NA	108.91	090
61684	.....	A	Intracranial vessel surgery	39.81	NA	22.60	7.87	NA	70.28	090
61686	.....	A	Intracranial vessel surgery	64.49	NA	36.70	13.20	NA	114.39	090
61690	.....	A	Intracranial vessel surgery	29.31	NA	17.64	5.51	NA	52.46	090
61692	.....	A	Intracranial vessel surgery	51.87	NA	29.51	10.17	NA	91.55	090
61697	.....	A	Brain aneurysm repr, complx	50.52	NA	28.42	10.31	NA	89.25	090
61698	.....	A	Brain aneurysm repr, complx	48.41	NA	27.31	9.99	NA	85.71	090
61700	.....	A	Brain aneurysm repr , simple	50.52	NA	28.42	10.18	NA	89.12	090
61702	.....	A	Inner skull vessel surgery	48.41	NA	27.31	9.75	NA	85.47	090
61703	.....	A	Clamp neck artery	17.47	NA	11.13	3.62	NA	32.22	090
61705	.....	A	Revise circulation to head	36.20	NA	19.89	6.67	NA	62.76	090
61708	.....	A	Revise circulation to head	35.30	NA	16.52	2.18	NA	54.00	090
61710	.....	A	Revise circulation to head	29.67	NA	14.68	2.42	NA	46.77	090
61711	.....	A	Fusion of skull arteries	36.33	NA	20.68	7.39	NA	64.40	090
61720	.....	A	Incise skull/brain surgery	16.77	NA	10.90	3.51	NA	31.18	090
61735	.....	A	Incise skull/brain surgery	20.43	NA	12.77	4.16	NA	37.36	090
61750	.....	A	Incise skull/brain biopsy	18.20	NA	11.08	3.71	NA	32.99	090
61751	.....	A	Brain biopsy w/ ct/mr guide	17.62	NA	10.92	3.57	NA	32.11	090
61760	.....	A	Implant brain electrodes	22.27	NA	12.85	4.59	NA	39.71	090
61770	.....	A	Incise skull for treatment	21.44	NA	13.26	4.09	NA	38.79	090
61790	.....	A	Treat trigeminal nerve	10.86	NA	6.92	1.82	NA	19.60	090
61791	.....	A	Treat trigeminal tract	14.61	NA	9.39	3.03	NA	27.03	090
61793	.....	A	Focus radiation beam	17.24	NA	11.07	3.51	NA	31.82	090
61795	.....	A	Brain surgery using computer	4.04	NA	2.14	0.81	NA	6.99	ZZZ
61850	.....	A	Implant neuroelectrodes	12.39	NA	8.13	2.23	NA	22.75	090
61860	.....	A	Implant neuroelectrodes	20.87	NA	12.59	4.04	NA	37.50	090
61862	.....	A	Implant neurostimul, subcort	19.34	NA	12.16	3.97	NA	35.47	090
61870	.....	A	Implant neuroelectrodes	14.94	NA	9.97	1.70	NA	26.61	090
61875	.....	A	Implant neuroelectrodes	15.06	NA	7.39	2.42	NA	24.87	090
61880	.....	A	Revise/remove neuroelectrode	6.29	NA	5.26	1.31	NA	12.86	090
61885	.....	A	Implant neurostim one array	5.85	NA	4.36	1.22	NA	11.43	090
61886	.....	A	Implant neurostim arrays	8.00	NA	6.13	1.64	NA	15.77	090
61888	.....	A	Revise/remove neuroreceiver	5.07	NA	3.90	1.04	NA	10.01	010
62000	.....	A	Treat skull fracture	12.53	NA	6.19	0.87	NA	19.59	090
62005	.....	A	Treat skull fracture	16.17	NA	9.35	2.33	NA	27.85	090
62010	.....	A	Treatment of head injury	19.81	NA	11.83	4.05	NA	35.69	090
62100	.....	A	Repair brain fluid leakage	22.03	NA	13.97	4.07	NA	40.07	090
62115	.....	A	Reduction of skull defect	21.66	NA	11.03	4.53	NA	37.22	090
62116	.....	A	Reduction of skull defect	23.59	NA	14.04	4.85	NA	42.48	090
62117	.....	A	Reduction of skull defect	26.60	NA	12.68	5.56	NA	44.84	090
62120	.....	A	Repair skull cavity lesion	23.35	NA	15.14	3.07	NA	41.56	090
62121	.....	A	Incise skull repair	21.58	NA	13.52	2.47	NA	37.57	090
62140	.....	A	Repair of skull defect	13.51	NA	8.72	2.60	NA	24.83	090
62141	.....	A	Repair of skull defect	14.91	NA	9.89	2.85	NA	27.65	090
62142	.....	A	Remove skull plate/flap	10.79	NA	7.31	2.10	NA	20.20	090
62143	.....	A	Replace skull plate/flap	13.05	NA	8.81	2.55	NA	24.41	090
62145	.....	A	Repair of skull & brain	18.82	NA	11.77	3.81	NA	34.40	090
62146	.....	A	Repair of skull with graft	16.12	NA	10.63	2.94	NA	29.69	090
62147	.....	A	Repair of skull with graft	19.34	NA	12.38	3.64	NA	35.36	090
62180	.....	A	Establish brain cavity shunt	21.06	NA	13.08	4.32	NA	38.46	090
62190	.....	A	Establish brain cavity shunt	11.07	NA	7.77	2.18	NA	21.02	090
62192	.....	A	Establish brain cavity shunt	12.25	NA	8.25	2.46	NA	22.96	090
62194	.....	A	Replace/irrigate catheter	5.03	NA	2.25	0.50	NA	7.78	010
62200	.....	A	Establish brain cavity shunt	18.32	NA	11.72	3.70	NA	33.74	090
62201	.....	A	Establish brain cavity shunt	14.86	NA	9.76	2.52	NA	27.14	090
62220	.....	A	Establish brain cavity shunt	13.00	NA	8.60	2.53	NA	24.13	090
62223	.....	A	Establish brain cavity shunt	12.87	NA	8.54	2.58	NA	23.99	090
62225	.....	A	Replace/irrigate catheter	5.41	NA	4.11	1.09	NA	10.61	090
62230	.....	A	Replace/revise brain shunt	10.54	NA	6.42	2.10	NA	19.06	090
62252	.....	A	Csf shunt reprogram	0.74	1.35	NA	0.18	2.27	NA	XXX
62252	26	A	Csf shunt reprogram	0.74	0.30	0.30	0.16	1.20	1.20	XXX
62252	TC	A	Csf shunt reprogram	0.00	1.05	NA	0.02	1.07	NA	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
62256	.....	A	Remove brain cavity shunt	6.60	NA	5.40	1.34	NA	13.34	090
62258	.....	A	Replace brain cavity shunt	14.54	NA	8.82	2.91	NA	26.27	090
62263	.....	A	Lysis epidural adhesions	6.14	5.15	2.07	0.42	11.71	8.63	010
62268	.....	A	Drain spinal cord cyst	4.74	NA	2.74	0.29	NA	7.77	000
62269	.....	A	Needle biopsy, spinal cord	5.02	NA	2.40	0.29	NA	7.71	000
62270	.....	A	Spinal fluid tap, diagnostic	1.13	4.08	0.48	0.06	5.27	1.67	000
62272	.....	A	Drain cerebro spinal fluid	1.35	3.38	0.62	0.13	4.86	2.10	000
62273	.....	A	Treat epidural spine lesion	2.15	1.57	1.27	0.14	3.86	3.56	000
62280	.....	A	Treat spinal cord lesion	2.63	3.79	0.70	0.17	6.59	3.50	010
62281	.....	A	Treat spinal cord lesion	2.66	4.50	0.62	0.16	7.32	3.44	010
62282	.....	A	Treat spinal canal lesion	2.33	5.57	0.62	0.14	8.04	3.09	010
62284	.....	A	Injection for myelogram	1.54	5.53	0.55	0.10	7.17	2.19	000
62287	.....	A	Percutaneous diskectomy	8.08	NA	5.05	0.66	NA	13.79	090
62290	.....	A	Inject for spine disk x-ray	3.00	5.68	1.30	0.20	8.88	4.50	000
62291	.....	A	Inject for spine disk x-ray	2.91	6.24	1.20	0.17	9.32	4.28	000
62292	.....	A	Injection into disk lesion	7.86	NA	5.34	0.65	NA	13.85	090
62294	.....	A	Injection into spinal artery	11.83	NA	7.37	0.85	NA	20.05	090
62310	.....	A	Inject spine c/t	1.91	3.71	0.43	0.11	5.73	2.45	000
62311	.....	A	Inject spine l/s (cd)	1.54	4.22	0.37	0.09	5.85	2.00	000
62318	.....	A	Inject spine w/cath, c/t	2.04	3.83	0.44	0.12	5.99	2.60	000
62319	.....	A	Inject spine w/cath l/s (cd)	1.87	3.67	0.40	0.11	5.65	2.38	000
62350	.....	A	Implant spinal canal cath	6.87	NA	3.79	0.64	NA	11.30	090
62351	.....	A	Implant spinal canal cath	10.00	NA	6.90	1.79	NA	18.69	090
62355	.....	A	Remove spinal canal catheter	5.45	NA	3.02	0.47	NA	8.94	090
62360	.....	A	Insert spine infusion device	2.62	NA	2.46	0.21	NA	5.29	090
62361	.....	A	Implant spine infusion pump	5.42	NA	3.67	0.50	NA	9.59	090
62362	.....	A	Implant spine infusion pump	7.04	NA	4.06	0.86	NA	11.96	090
62365	.....	A	Remove spine infusion device	5.42	NA	3.99	0.58	NA	9.99	090
62367	.....	C	Analyze spine infusion pump	0.00	0.00	0.00	0.00	0.00	0.00	XXX
62367	26	A	Analyze spine infusion pump	0.48	0.14	0.14	0.03	0.65	0.65	XXX
62367	TC	C	Analyze spine infusion pump	0.00	0.00	0.00	0.00	0.00	0.00	XXX
62368	.....	C	Analyze spine infusion pump	0.00	0.00	0.00	0.00	0.00	0.00	XXX
62368	26	A	Analyze spine infusion pump	0.75	0.20	0.20	0.05	1.00	1.00	XXX
62368	TC	C	Analyze spine infusion pump	0.00	0.00	0.00	0.00	0.00	0.00	XXX
63001	.....	A	Removal of spinal lamina	15.82	NA	11.68	3.03	NA	30.53	090
63003	.....	A	Removal of spinal lamina	15.95	NA	11.95	2.98	NA	30.88	090
63005	.....	A	Removal of spinal lamina	14.92	NA	11.49	2.62	NA	29.03	090
63011	.....	A	Removal of spinal lamina	14.52	NA	11.29	1.43	NA	27.24	090
63012	.....	A	Removal of spinal lamina	15.40	NA	10.34	2.71	NA	28.45	090
63015	.....	A	Removal of spinal lamina	19.35	NA	13.68	3.84	NA	36.87	090
63016	.....	A	Removal of spinal lamina	19.20	NA	13.66	3.62	NA	36.48	090
63017	.....	A	Removal of spinal lamina	15.94	NA	12.00	2.91	NA	30.85	090
63020	.....	A	Neck spine disk surgery	14.81	NA	11.33	2.89	NA	29.03	090
63030	.....	A	Low back disk surgery	12.00	NA	9.92	2.21	NA	24.13	090
63035	.....	A	Spinal disk surgery add-on	3.15	NA	1.67	0.57	NA	5.39	ZZZ
63040	.....	A	Laminotomy, single cervical	18.81	NA	13.39	3.36	NA	35.56	090
63042	.....	A	Laminotomy, single lumbar	17.47	NA	12.95	3.11	NA	33.53	090
63043	.....	C	Laminotomy, addl cervical	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
63044	.....	C	Laminotomy, addl lumbar	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
63045	.....	A	Removal of spinal lamina	16.50	NA	12.22	3.19	NA	31.91	090
63046	.....	A	Removal of spinal lamina	15.80	NA	12.02	2.89	NA	30.71	090
63047	.....	A	Removal of spinal lamina	14.61	NA	11.42	2.61	NA	28.64	090
63048	.....	A	Remove spinal lamina add-on	3.26	NA	1.75	0.58	NA	5.59	ZZZ
63055	.....	A	Decompress spinal cord	21.99	NA	15.11	4.09	NA	41.19	090
63056	.....	A	Decompress spinal cord	20.36	NA	14.44	3.34	NA	38.14	090
63057	.....	A	Decompress spine cord add-on	5.26	NA	2.82	0.81	NA	8.89	ZZZ
63064	.....	A	Decompress spinal cord	24.61	NA	17.12	4.72	NA	46.45	090
63066	.....	A	Decompress spine cord add-on	3.26	NA	1.76	0.63	NA	5.65	ZZZ
63075	.....	A	Neck spine disk surgery	19.41	NA	13.83	3.73	NA	36.97	090
63076	.....	A	Neck spine disk surgery	4.05	NA	2.16	0.78	NA	6.99	ZZZ
63077	.....	A	Spine disk surgery, thorax	21.44	NA	15.47	3.44	NA	40.35	090
63078	.....	A	Spine disk surgery, thorax	3.28	NA	1.72	0.50	NA	5.50	ZZZ
63081	.....	A	Removal of vertebral body	23.73	NA	16.68	4.46	NA	44.87	090
63082	.....	A	Remove vertebral body add-on	4.37	NA	2.34	0.82	NA	7.53	ZZZ
63085	.....	A	Removal of vertebral body	26.92	NA	17.89	4.70	NA	49.51	090
63086	.....	A	Remove vertebral body add-on	3.19	NA	1.66	0.55	NA	5.40	ZZZ
63087	.....	A	Removal of vertebral body	35.57	NA	22.45	5.87	NA	63.89	090
63088	.....	A	Remove vertebral body add-on	4.33	NA	2.30	0.77	NA	7.40	ZZZ
63090	.....	A	Removal of vertebral body	28.16	NA	18.12	4.27	NA	50.55	090
63091	.....	A	Remove vertebral body add-on	3.03	NA	1.48	0.45	NA	4.96	ZZZ
63170	.....	A	Incise spinal cord tract(s)	19.83	NA	13.54	3.89	NA	37.26	090
63172	.....	A	Drainage of spinal cyst	17.66	NA	13.37	3.46	NA	34.49	090
63173	.....	A	Drainage of spinal cyst	21.99	NA	15.54	4.14	NA	41.67	090

[3] +Indicates RVUs are not used for Medicare payment.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
63180	.....	A	Revise spinal cord ligaments	18.27	NA	13.04	3.83	NA	35.14	090
63182	.....	A	Revise spinal cord ligaments	20.50	NA	13.61	3.48	NA	37.59	090
63185	.....	A	Incise spinal column/nerves	15.04	NA	9.70	2.08	NA	26.82	090
63190	.....	A	Incise spinal column/nerves	17.45	NA	11.68	2.88	NA	32.01	090
63191	.....	A	Incise spinal column/nerves	17.54	NA	10.65	3.50	NA	31.69	090
63194	.....	A	Incise spinal column & cord	19.19	NA	13.48	4.01	NA	36.68	090
63195	.....	A	Incise spinal column & cord	18.84	NA	13.02	3.44	NA	35.30	090
63196	.....	A	Incise spinal column & cord	22.30	NA	14.03	4.66	NA	40.99	090
63197	.....	A	Incise spinal column & cord	21.11	NA	13.49	4.42	NA	39.02	090
63198	.....	A	Incise spinal column & cord	25.38	NA	12.70	5.31	NA	43.39	090
63199	.....	A	Incise spinal column & cord	26.89	NA	14.38	5.62	NA	46.89	090
63200	.....	A	Release of spinal cord	19.18	NA	13.42	3.61	NA	36.21	090
63250	.....	A	Revise spinal cord vessels	40.76	NA	23.15	7.65	NA	71.56	090
63251	.....	A	Revise spinal cord vessels	41.20	NA	23.51	7.98	NA	72.69	090
63252	.....	A	Revise spinal cord vessels	41.19	NA	23.36	7.75	NA	72.30	090
63265	.....	A	Excise intraspinal lesion	21.56	NA	13.21	4.29	NA	39.06	090
63266	.....	A	Excise intraspinal lesion	22.30	NA	13.70	4.47	NA	40.47	090
63267	.....	A	Excise intraspinal lesion	17.95	NA	11.48	3.50	NA	32.93	090
63268	.....	A	Excise intraspinal lesion	18.52	NA	10.97	3.18	NA	32.67	090
63270	.....	A	Excise intraspinal lesion	26.80	NA	16.10	5.41	NA	48.31	090
63271	.....	A	Excise intraspinal lesion	26.92	NA	16.17	5.56	NA	48.65	090
63272	.....	A	Excise intraspinal lesion	25.32	NA	15.31	5.07	NA	45.70	090
63273	.....	A	Excise intraspinal lesion	24.29	NA	14.84	5.08	NA	44.21	090
63275	.....	A	Biopsy/excise spinal tumor	23.68	NA	14.47	4.68	NA	42.83	090
63276	.....	A	Biopsy/excise spinal tumor	23.45	NA	14.27	4.63	NA	42.35	090
63277	.....	A	Biopsy/excise spinal tumor	20.83	NA	12.99	4.03	NA	37.85	090
63278	.....	A	Biopsy/excise spinal tumor	20.56	NA	13.08	4.02	NA	37.66	090
63280	.....	A	Biopsy/excise spinal tumor	28.35	NA	16.76	5.80	NA	50.91	090
63281	.....	A	Biopsy/excise spinal tumor	28.05	NA	16.73	5.67	NA	50.45	090
63282	.....	A	Biopsy/excise spinal tumor	26.39	NA	15.79	5.33	NA	47.51	090
63283	.....	A	Biopsy/excise spinal tumor	25.00	NA	15.07	5.12	NA	45.19	090
63285	.....	A	Biopsy/excise spinal tumor	36.00	NA	20.82	7.31	NA	64.13	090
63286	.....	A	Biopsy/excise spinal tumor	35.63	NA	20.51	7.07	NA	63.21	090
63287	.....	A	Biopsy/excise spinal tumor	36.70	NA	21.03	7.48	NA	65.21	090
63290	.....	A	Biopsy/excise spinal tumor	37.38	NA	21.58	7.65	NA	66.61	090
63300	.....	A	Removal of vertebral body	24.43	NA	14.63	4.78	NA	43.84	090
63301	.....	A	Removal of vertebral body	27.60	NA	15.65	5.03	NA	48.28	090
63302	.....	A	Removal of vertebral body	27.81	NA	16.45	5.25	NA	49.51	090
63303	.....	A	Removal of vertebral body	30.50	NA	17.71	5.21	NA	53.42	090
63304	.....	A	Removal of vertebral body	30.33	NA	17.80	4.72	NA	52.85	090
63305	.....	A	Removal of vertebral body	32.03	NA	19.24	5.39	NA	56.66	090
63306	.....	A	Removal of vertebral body	32.22	NA	18.19	2.39	NA	52.80	090
63307	.....	A	Removal of vertebral body	31.63	NA	17.29	4.23	NA	53.15	090
63308	.....	A	Remove vertebral body add-on	5.25	NA	2.74	1.01	NA	9.00	ZZZ
63600	.....	A	Remove spinal cord lesion	14.02	NA	6.38	1.22	NA	21.62	090
63610	.....	A	Stimulation of spinal cord	8.73	NA	3.90	0.43	NA	13.06	000
63615	.....	A	Remove lesion of spinal cord	16.28	NA	9.50	2.85	NA	28.63	090
63650	.....	A	Implant neuroelectrodes	6.74	NA	2.97	0.48	NA	10.19	090
63655	.....	A	Implant neuroelectrodes	10.29	NA	7.26	1.85	NA	19.40	090
63660	.....	A	Revise/remove neuroelectrode	6.16	NA	3.67	0.65	NA	10.48	090
63685	.....	A	Implant neuroreceiver	7.04	NA	4.15	0.96	NA	12.15	090
63688	.....	A	Revise/remove neuroreceiver	5.39	NA	3.69	0.70	NA	9.78	090
63700	.....	A	Repair of spinal herniation	16.53	NA	10.47	2.69	NA	29.69	090
63702	.....	A	Repair of spinal herniation	18.48	NA	9.90	1.36	NA	29.74	090
63704	.....	A	Repair of spinal herniation	21.18	NA	12.37	3.84	NA	37.39	090
63706	.....	A	Repair of spinal herniation	24.11	NA	13.60	4.73	NA	42.44	090
63707	.....	A	Repair spinal fluid leakage	11.26	NA	8.06	1.96	NA	21.28	090
63709	.....	A	Repair spinal fluid leakage	14.32	NA	9.79	2.49	NA	26.60	090
63710	.....	A	Graft repair of spine defect	14.07	NA	9.54	2.61	NA	26.22	090
63740	.....	A	Install spinal shunt	11.36	NA	7.79	2.15	NA	21.30	090
63741	.....	A	Install spinal shunt	8.25	NA	4.72	1.05	NA	14.02	090
63744	.....	A	Revision of spinal shunt	8.10	NA	5.72	1.51	NA	15.33	090
63746	.....	A	Removal of spinal shunt	6.43	NA	4.96	1.15	NA	12.54	090
64400	.....	A	Injection for nerve block	1.11	2.70	0.29	0.06	3.87	1.46	000
64402	.....	A	Injection for nerve block	1.25	4.38	0.45	0.07	5.70	1.77	000
64405	.....	A	Injection for nerve block	1.32	1.34	0.37	0.08	2.74	1.77	000
64408	.....	A	Injection for nerve block	1.41	2.95	0.62	0.09	4.45	2.12	000
64410	.....	A	Injection for nerve block	1.43	3.27	0.35	0.08	4.78	1.86	000
64412	.....	A	Injection for nerve block	1.18	2.49	0.37	0.08	3.75	1.63	000
64413	.....	A	Injection for nerve block	1.40	2.81	0.34	0.09	4.30	1.83	000
64415	.....	A	Injection for nerve block	1.48	2.65	0.32	0.08	4.21	1.88	000
64417	.....	A	Injection for nerve block	1.44	3.21	0.38	0.09	4.74	1.91	000
64418	.....	A	Injection for nerve block	1.32	2.49	0.29	0.07	3.88	1.68	000

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
64420	.....	A	Injection for nerve block	1.18	2.37	0.27	0.07	3.62	1.52	000
64421	.....	A	Injection for nerve block	1.68	2.91	0.38	0.10	4.69	2.16	000
64425	.....	A	Injection for nerve block	1.75	2.33	0.41	0.11	4.19	2.27	000
64430	.....	A	Injection for nerve block	1.46	2.89	0.47	0.11	4.46	2.04	000
64435	.....	A	Injection for nerve block	1.45	2.96	0.60	0.15	4.56	2.20	000
64445	.....	A	Injection for nerve block	1.48	1.60	0.42	0.08	3.16	1.98	000
64450	.....	A	Injection for nerve block	1.27	1.79	0.33	0.08	3.14	1.68	000
64470	.....	A	Inj paravertebral c/t	1.85	4.02	0.48	0.12	5.99	2.45	000
64472	.....	A	Inj paravertebral c/t add-on	1.29	3.90	0.33	0.09	5.28	1.71	ZZZ
64475	.....	A	Inj paravertebral l/s	1.41	3.82	0.39	0.09	5.32	1.89	000
64476	.....	A	Inj paravertebral l/s add-on	0.98	3.86	0.26	0.06	4.90	1.30	ZZZ
64479	.....	A	Inj foramen epidural c/t	2.20	4.40	0.64	0.14	6.74	2.98	000
64480	.....	A	Inj foramen epidural add-on	1.54	4.07	0.50	0.09	5.70	2.13	ZZZ
64483	.....	A	Inj foramen epidural l/s	1.90	4.44	0.56	0.12	6.46	2.58	000
64484	.....	A	Inj foramen epidural add-on	1.33	4.05	0.40	0.08	5.46	1.81	ZZZ
64505	.....	A	Injection for nerve block	1.36	2.41	0.35	0.08	3.85	1.79	000
64508	.....	A	Injection for nerve block	1.12	2.32	0.48	0.06	3.50	1.66	000
64510	.....	A	Injection for nerve block	1.22	2.53	0.26	0.07	3.82	1.55	000
64520	.....	A	Injection for nerve block	1.35	3.49	0.31	0.08	4.92	1.74	000
64530	.....	A	Injection for nerve block	1.58	3.07	0.37	0.09	4.74	2.04	000
64550	.....	A	Apply neurostimulator	0.18	0.56	0.07	0.01	0.75	0.26	000
64553	.....	A	Implant neuroelectrodes	2.31	4.25	1.33	0.17	6.73	3.81	010
64555	.....	A	Implant neuroelectrodes	2.27	2.38	0.77	0.11	4.76	3.15	010
64560	.....	A	Implant neuroelectrodes	2.36	2.30	0.94	0.17	4.83	3.47	010
64561	.....	A	Implant neuroelectrodes	6.74	15.28	3.83	0.11	22.13	10.68	010
64565	.....	A	Implant neuroelectrodes	1.76	3.41	0.69	0.08	5.25	2.53	010
64573	.....	A	Implant neuroelectrodes	7.50	NA	5.40	1.48	NA	14.38	090
64575	.....	A	Implant neuroelectrodes	4.35	NA	3.03	0.37	NA	7.75	090
64577	.....	A	Implant neuroelectrodes	4.62	NA	3.44	0.50	NA	8.56	090
64580	.....	A	Implant neuroelectrodes	4.12	NA	3.94	0.21	NA	8.27	090
64581	.....	A	Implant neuroelectrodes	13.50	NA	6.72	0.37	NA	20.59	090
64585	.....	A	Revise/remove neuroelectrode	2.06	2.82	2.20	0.29	5.17	4.55	010
64590	.....	A	Implant neuroreceiver	2.40	NA	2.17	0.40	NA	4.97	010
64595	.....	A	Revise/remove neuroreceiver	1.73	NA	2.08	0.22	NA	4.03	010
64600	.....	A	Injection treatment of nerve	3.45	2.98	2.06	0.28	6.71	5.79	010
64605	.....	A	Injection treatment of nerve	5.61	3.62	2.90	0.53	9.76	9.04	010
64610	.....	A	Injection treatment of nerve	7.16	NA	4.18	1.12	NA	12.46	010
64612	.....	A	Destroy nerve, face muscle	1.96	3.00	1.65	0.09	5.05	3.70	010
64613	.....	A	Destroy nerve, spine muscle	1.96	1.82	1.48	0.10	3.88	3.54	010
64614	.....	A	Destroy nerve, extrem musc	2.20	3.23	0.82	0.09	5.52	3.11	010
64620	.....	A	Injection treatment of nerve	2.84	2.98	0.67	0.17	5.99	3.68	010
64622	.....	A	Destr paravertebrl nerve l/s	3.00	4.77	0.74	0.17	7.94	3.91	010
64623	.....	A	Destr paravertebral n add-on	0.99	3.85	0.24	0.06	4.90	1.29	ZZZ
64626	.....	A	Destr paravertebrl nerve c/t	3.28	4.34	0.80	0.22	7.84	4.30	010
64627	.....	A	Destr paravertebral n add-on	1.16	3.74	0.29	0.08	4.98	1.53	ZZZ
64630	.....	A	Injection treatment of nerve	3.00	3.66	0.88	0.16	6.82	4.04	010
64640	.....	A	Injection treatment of nerve	2.76	3.67	1.72	0.11	6.54	4.59	010
64680	.....	A	Injection treatment of nerve	2.62	2.89	0.76	0.15	5.66	3.53	010
64702	.....	A	Revise finger/toe nerve	4.23	NA	4.05	0.51	NA	8.79	090
64704	.....	A	Revise hand/foot nerve	4.57	NA	3.23	0.59	NA	8.39	090
64708	.....	A	Revise arm/leg nerve	6.12	NA	5.19	0.82	NA	12.13	090
64712	.....	A	Revision of sciatic nerve	7.75	NA	5.61	0.54	NA	13.90	090
64713	.....	A	Revision of arm nerve(s)	11.00	NA	6.66	1.01	NA	18.67	090
64714	.....	A	Revise low back nerve(s)	10.33	NA	4.25	0.64	NA	15.22	090
64716	.....	A	Revision of cranial nerve	6.31	NA	5.18	0.59	NA	12.08	090
64718	.....	A	Revise ulnar nerve at elbow	5.99	NA	5.29	0.87	NA	12.15	090
64719	.....	A	Revise ulnar nerve at wrist	4.85	NA	4.78	0.63	NA	10.26	090
64721	.....	A	Carpal tunnel surgery	4.29	6.59	6.14	0.59	11.47	11.02	090
64722	.....	A	Relieve pressure on nerve(s)	4.70	NA	3.49	0.32	NA	8.51	090
64726	.....	A	Release foot/toe nerve	4.18	NA	3.14	0.57	NA	7.89	090
64727	.....	A	Internal nerve revision	3.10	NA	1.68	0.40	NA	5.18	ZZZ
64732	.....	A	Incision of brow nerve	4.41	NA	3.69	0.77	NA	8.87	090
64734	.....	A	Incision of cheek nerve	4.92	NA	3.80	0.83	NA	9.55	090
64736	.....	A	Incision of chin nerve	4.60	NA	2.98	0.71	NA	8.29	090
64738	.....	A	Incision of jaw nerve	5.73	NA	3.92	0.84	NA	10.49	090
64740	.....	A	Incision of tongue nerve	5.59	NA	4.11	0.43	NA	10.13	090
64742	.....	A	Incision of facial nerve	6.22	NA	4.96	0.69	NA	11.87	090
64744	.....	A	Incise nerve, back of head	5.24	NA	3.94	0.98	NA	10.16	090
64746	.....	A	Incise diaphragm nerve	5.93	NA	4.58	0.75	NA	11.26	090
64752	.....	A	Incision of vagus nerve	7.06	NA	4.96	0.83	NA	12.85	090
64755	.....	A	Incision of stomach nerves	13.52	NA	6.40	1.16	NA	21.08	090
64760	.....	A	Incision of vagus nerve	6.96	NA	4.05	0.51	NA	11.52	090
64761	.....	A	Incision of pelvis nerve	6.41	NA	3.48	0.26	NA	10.15	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
64763		A	Incise hip/thigh nerve	6.93	NA	6.21	0.77	NA	13.91	090
64766		A	Incise hip/thigh nerve	8.67	NA	4.73	0.99	NA	14.39	090
64771		A	Sever cranial nerve	7.35	NA	5.44	1.32	NA	14.11	090
64772		A	Incision of spinal nerve	7.21	NA	4.88	1.20	NA	13.29	090
64774		A	Remove skin nerve lesion	5.17	NA	3.92	0.60	NA	9.69	090
64776		A	Remove digit nerve lesion	5.12	NA	3.89	0.63	NA	9.64	090
64778		A	Digit nerve surgery add-on	3.11	NA	1.64	0.38	NA	5.13	ZZZ
64782		A	Remove limb nerve lesion	6.23	NA	3.93	0.79	NA	10.95	090
64783		A	Limb nerve surgery add-on	3.72	NA	1.95	0.48	NA	6.15	ZZZ
64784		A	Remove nerve lesion	9.82	NA	6.99	1.17	NA	17.98	090
64786		A	Remove sciatic nerve lesion	15.46	NA	10.41	2.22	NA	28.09	090
64787		A	Implant nerve end	4.30	NA	2.28	0.56	NA	7.14	ZZZ
64788		A	Remove skin nerve lesion	4.61	NA	3.50	0.54	NA	8.65	090
64790		A	Removal of nerve lesion	11.31	NA	7.53	1.68	NA	20.52	090
64792		A	Removal of nerve lesion	14.92	NA	9.13	1.88	NA	25.93	090
64795		A	Biopsy of nerve	3.01	NA	1.81	0.40	NA	5.22	000
64802		A	Remove sympathetic nerves	9.15	NA	5.17	0.87	NA	15.19	090
64804		A	Remove sympathetic nerves	14.64	NA	6.83	1.79	NA	23.26	090
64809		A	Remove sympathetic nerves	13.67	NA	6.04	0.96	NA	20.67	090
64818		A	Remove sympathetic nerves	10.30	NA	5.76	1.08	NA	17.14	090
64820		A	Remove sympathetic nerves	10.37	NA	6.48	1.17	NA	18.02	090
64821		A	Remove sympathetic nerves	8.75	NA	7.09	0.99	NA	16.83	090
64822		A	Remove sympathetic nerves	8.75	NA	7.09	0.99	NA	16.83	090
64823		A	Remove sympathetic nerves	10.37	NA	7.89	1.17	NA	19.43	090
64831		A	Repair of digit nerve	9.44	NA	7.44	1.14	NA	18.02	090
64832		A	Repair nerve add-on	5.66	NA	3.11	0.68	NA	9.45	ZZZ
64834		A	Repair of hand or foot nerve	10.19	NA	7.40	1.23	NA	18.82	090
64835		A	Repair of hand or foot nerve	10.94	NA	8.06	1.36	NA	20.36	090
64836		A	Repair of hand or foot nerve	10.94	NA	7.94	1.32	NA	20.20	090
64837		A	Repair nerve add-on	6.26	NA	3.47	0.80	NA	10.53	ZZZ
64840		A	Repair of leg nerve	13.02	NA	7.79	0.86	NA	21.67	090
64856		A	Repair/transpose nerve	13.80	NA	9.66	1.71	NA	25.17	090
64857		A	Repair arm/leg nerve	14.49	NA	10.21	1.76	NA	26.46	090
64858		A	Repair sciatic nerve	16.49	NA	11.04	2.78	NA	30.31	090
64859		A	Nerve surgery	4.26	NA	2.24	0.50	NA	7.00	ZZZ
64861		A	Repair of arm nerves	19.24	NA	13.02	2.45	NA	34.71	090
64862		A	Repair of low back nerves	19.44	NA	12.29	2.47	NA	34.20	090
64864		A	Repair of facial nerve	12.55	NA	8.63	1.13	NA	22.31	090
64865		A	Repair of facial nerve	15.24	NA	10.46	1.37	NA	27.07	090
64866		A	Fusion of facial/other nerve	15.74	NA	9.84	1.06	NA	26.64	090
64868		A	Fusion of facial/other nerve	14.04	NA	9.57	1.40	NA	25.01	090
64870		A	Fusion of facial/other nerve	15.99	NA	9.65	1.08	NA	26.72	090
64872		A	Subsequent repair of nerve	1.99	NA	1.08	0.24	NA	3.31	ZZZ
64874		A	Repair & revise nerve add-on	2.98	NA	1.64	0.34	NA	4.96	ZZZ
64876		A	Repair nerve/shorten bone	3.38	NA	1.35	0.39	NA	5.12	ZZZ
64885		A	Nerve graft, head or neck	17.53	NA	11.66	1.51	NA	30.70	090
64886		A	Nerve graft, head or neck	20.75	NA	13.60	1.73	NA	36.08	090
64890		A	Nerve graft, hand or foot	15.15	NA	10.27	1.74	NA	27.16	090
64891		A	Nerve graft, hand or foot	16.14	NA	5.75	1.38	NA	23.27	090
64892		A	Nerve graft, arm or leg	14.65	NA	8.96	1.65	NA	25.26	090
64893		A	Nerve graft, arm or leg	15.60	NA	10.75	1.77	NA	28.12	090
64895		A	Nerve graft, hand or foot	19.25	NA	8.62	2.04	NA	29.91	090
64896		A	Nerve graft, hand or foot	20.49	NA	11.75	1.85	NA	34.09	090
64897		A	Nerve graft, arm or leg	18.24	NA	10.92	2.64	NA	31.80	090
64898		A	Nerve graft, arm or leg	19.50	NA	10.75	2.71	NA	32.96	090
64901		A	Nerve graft add-on	10.22	NA	5.75	0.99	NA	16.96	ZZZ
64902		A	Nerve graft add-on	11.83	NA	6.32	1.10	NA	19.25	ZZZ
64905		A	Nerve pedicle transfer	14.02	NA	8.93	1.52	NA	24.47	090
64907		A	Nerve pedicle transfer	18.83	NA	12.07	1.79	NA	32.69	090
64999		C	Nervous system surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
65091		A	Revise eye	6.46	NA	11.59	0.26	NA	18.31	090
65093		A	Revise eye with implant	6.87	NA	11.83	0.28	NA	18.98	090
65101		A	Removal of eye	7.03	NA	12.04	0.28	NA	19.35	090
65103		A	Remove eye/insert implant	7.57	NA	12.17	0.30	NA	20.04	090
65105		A	Remove eye/attach implant	8.49	NA	12.67	0.34	NA	21.50	090
65110		A	Removal of eye	13.95	NA	15.90	0.68	NA	30.53	090
65112		A	Remove eye/revise socket	16.38	NA	17.26	0.96	NA	34.60	090
65114		A	Remove eye/revise socket	17.53	NA	18.54	0.94	NA	37.01	090
65125		A	Revise ocular implant	3.12	6.23	1.48	0.15	9.50	4.75	090
65130		A	Insert ocular implant	7.15	NA	11.46	0.28	NA	18.89	090
65135		A	Insert ocular implant	7.33	NA	12.37	0.29	NA	19.99	090
65140		A	Attach ocular implant	8.02	NA	12.36	0.31	NA	20.69	090
65150		A	Revise ocular implant	6.26	NA	10.94	0.25	NA	17.45	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
65155	.....	A	Reinsert ocular implant	8.66	NA	12.59	0.40	NA	21.65	090
65175	.....	A	Removal of ocular implant	6.28	NA	11.35	0.26	NA	17.89	090
65205	.....	A	Remove foreign body from eye	0.71	0.63	0.20	0.03	1.37	0.94	000
65210	.....	A	Remove foreign body from eye	0.84	0.78	0.32	0.03	1.65	1.19	000
65220	.....	A	Remove foreign body from eye	0.71	8.23	0.19	0.05	8.99	0.95	000
65222	.....	A	Remove foreign body from eye	0.93	0.80	0.29	0.04	1.77	1.26	000
65235	.....	A	Remove foreign body from eye	7.57	NA	7.04	0.30	NA	14.91	090
65260	.....	A	Remove foreign body from eye	10.96	NA	12.66	0.43	NA	24.05	090
65265	.....	A	Remove foreign body from eye	12.59	NA	14.38	0.50	NA	27.47	090
65270	.....	A	Repair of eye wound	1.90	4.07	2.44	0.08	6.05	4.42	010
65272	.....	A	Repair of eye wound	3.82	5.76	4.75	0.16	9.74	8.73	090
65273	.....	A	Repair of eye wound	4.36	NA	5.15	0.17	NA	9.68	090
65275	.....	A	Repair of eye wound	5.34	5.50	5.32	0.27	11.11	10.93	090
65280	.....	A	Repair of eye wound	7.66	NA	7.88	0.30	NA	15.84	090
65285	.....	A	Repair of eye wound	12.90	NA	13.86	0.51	NA	27.27	090
65286	.....	A	Repair of eye wound	5.51	9.12	7.85	0.21	14.84	13.57	090
65290	.....	A	Repair of eye socket wound	5.41	NA	6.60	0.26	NA	12.27	090
65400	.....	A	Removal of eye lesion	6.06	8.61	7.13	0.24	14.91	13.43	090
65410	.....	A	Biopsy of cornea	1.47	1.76	0.71	0.06	3.29	2.24	000
65420	.....	A	Removal of eye lesion	4.17	8.36	7.22	0.17	12.70	11.56	090
65426	.....	A	Removal of eye lesion	5.25	8.01	6.75	0.20	13.46	12.20	090
65430	.....	A	Corneal smear	1.47	8.68	0.71	0.06	10.21	2.24	000
65435	.....	A	Curette/treat cornea	0.92	1.37	0.41	0.04	2.33	1.37	000
65436	.....	A	Curette/treat cornea	4.19	6.02	5.03	0.17	10.38	9.39	090
65450	.....	A	Treatment of corneal lesion	3.27	7.97	6.80	0.13	11.37	10.20	090
65600	.....	A	Revision of cornea	3.40	5.54	1.54	0.14	9.08	5.08	090
65710	.....	A	Corneal transplant	12.35	NA	13.25	0.49	NA	26.09	090
65730	.....	A	Corneal transplant	14.25	NA	12.16	0.56	NA	26.97	090
65750	.....	A	Corneal transplant	15.00	NA	14.54	0.59	NA	30.13	090
65755	.....	A	Corneal transplant	14.89	NA	14.48	0.58	NA	29.95	090
65760	.....	N	Revision of cornea	0.00	0.00	0.00	0.00	0.00	0.00	XXX
65765	.....	N	Revision of cornea	0.00	0.00	0.00	0.00	0.00	0.00	XXX
65767	.....	N	Corneal tissue transplant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
65770	.....	A	Revise cornea with implant	17.56	NA	15.48	0.69	NA	33.73	090
65771	.....	N	Radial keratotomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
65772	.....	A	Correction of astigmatism	4.29	7.51	6.47	0.17	11.97	10.93	090
65775	.....	A	Correction of astigmatism	5.79	NA	8.63	0.22	NA	14.64	090
65800	.....	A	Drainage of eye	1.91	2.33	1.45	0.08	4.32	3.44	000
65805	.....	A	Drainage of eye	1.91	2.34	1.46	0.08	4.33	3.45	000
65810	.....	A	Drainage of eye	4.87	NA	8.95	0.19	NA	14.01	090
65815	.....	A	Drainage of eye	5.05	9.40	8.16	0.20	14.65	13.41	090
65820	.....	A	Relieve inner eye pressure	8.13	NA	10.99	0.32	NA	19.44	090
65850	.....	A	Incision of eye	10.52	NA	10.35	0.41	NA	21.28	090
65855	.....	A	Laser surgery of eye	3.85	5.17	3.70	0.17	9.19	7.72	010
65860	.....	A	Incise inner eye adhesions	3.55	4.15	3.18	0.14	7.84	6.87	090
65865	.....	A	Incise inner eye adhesions	5.60	NA	6.92	0.22	NA	12.74	090
65870	.....	A	Incise inner eye adhesions	6.27	NA	7.25	0.24	NA	13.76	090
65875	.....	A	Incise inner eye adhesions	6.54	NA	7.37	0.25	NA	14.16	090
65880	.....	A	Incise inner eye adhesions	7.09	NA	7.64	0.28	NA	15.01	090
65900	.....	A	Remove eye lesion	10.93	NA	12.75	0.46	NA	24.14	090
65920	.....	A	Remove implant of eye	8.40	NA	8.26	0.33	NA	16.99	090
65930	.....	A	Remove blood clot from eye	7.44	NA	8.83	0.29	NA	16.56	090
66020	.....	A	Injection treatment of eye	1.59	2.43	1.57	0.07	4.09	3.23	010
66030	.....	A	Injection treatment of eye	1.25	2.25	1.40	0.05	3.55	2.70	010
66130	.....	A	Remove eye lesion	7.69	7.63	6.71	0.31	15.63	14.71	090
66150	.....	A	Glaucoma surgery	8.30	NA	10.98	0.33	NA	19.61	090
66155	.....	A	Glaucoma surgery	8.29	NA	10.94	0.32	NA	19.55	090
66160	.....	A	Glaucoma surgery	10.17	NA	11.84	0.41	NA	22.42	090
66165	.....	A	Glaucoma surgery	8.01	NA	10.72	0.31	NA	19.04	090
66170	.....	A	Glaucoma surgery	12.16	NA	17.11	0.48	NA	29.75	090
66172	.....	A	Incision of eye	15.04	NA	15.67	0.59	NA	31.30	090
66180	.....	A	Implant eye shunt	14.55	NA	12.44	0.57	NA	27.56	090
66185	.....	A	Revise eye shunt	8.14	NA	8.47	0.32	NA	16.93	090
66220	.....	A	Repair eye lesion	7.77	NA	9.99	0.32	NA	18.08	090
66225	.....	A	Repair/graft eye lesion	11.05	NA	9.65	0.44	NA	21.14	090
66250	.....	A	Follow-up surgery of eye	5.98	8.08	6.48	0.23	14.29	12.69	090
66500	.....	A	Incision of iris	3.71	NA	4.82	0.15	NA	8.68	090
66505	.....	A	Incision of iris	4.08	NA	5.01	0.17	NA	9.26	090
66600	.....	A	Remove iris and lesion	8.68	NA	8.90	0.34	NA	17.92	090
66605	.....	A	Removal of iris	12.79	NA	12.54	0.61	NA	25.94	090
66625	.....	A	Removal of iris	5.13	7.90	6.81	0.20	13.23	12.14	090
66630	.....	A	Removal of iris	6.16	NA	7.76	0.24	NA	14.16	090
66635	.....	A	Removal of iris	6.25	NA	6.65	0.24	NA	13.14	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
66680	.....	A	Repair iris & ciliary body	5.44	NA	6.30	0.21	NA	11.95	090
66682	.....	A	Repair iris & ciliary body	6.21	NA	7.75	0.24	NA	14.20	090
66700	.....	A	Destruction, ciliary body	4.78	7.17	7.17	0.19	12.14	12.14	090
66710	.....	A	Destruction, ciliary body	4.78	8.92	7.53	0.18	13.88	12.49	090
66720	.....	A	Destruction, ciliary body	4.78	8.40	7.53	0.19	13.37	12.50	090
66740	.....	A	Destruction, ciliary body	4.78	NA	6.53	0.18	NA	11.49	090
66761	.....	A	Revision of iris	4.07	5.66	4.38	0.16	9.89	8.61	090
66762	.....	A	Revision of iris	4.58	5.65	4.45	0.18	10.41	9.21	090
66770	.....	A	Removal of inner eye lesion	5.18	5.94	4.68	0.20	11.32	10.06	090
66820	.....	A	Incision, secondary cataract	3.89	NA	8.50	0.16	NA	12.55	090
66821	.....	A	After cataract laser surgery	2.35	3.89	3.46	0.10	6.34	5.91	090
66825	.....	A	Reposition intraocular lens	8.23	NA	10.56	0.32	NA	19.11	090
66830	.....	A	Removal of lens lesion	8.20	NA	7.06	0.32	NA	15.58	090
66840	.....	A	Removal of lens material	7.91	NA	6.92	0.31	NA	15.14	090
66850	.....	A	Removal of lens material	9.11	NA	7.52	0.36	NA	16.99	090
66852	.....	A	Removal of lens material	9.97	NA	7.99	0.39	NA	18.35	090
66920	.....	A	Extraction of lens	8.86	NA	7.42	0.35	NA	16.63	090
66930	.....	A	Extraction of lens	10.18	NA	8.94	0.41	NA	19.53	090
66940	.....	A	Extraction of lens	8.93	NA	8.39	0.35	NA	17.67	090
66982	.....	A	Cataract surgery, complex	13.50	NA	9.31	0.56	NA	23.37	090
66983	.....	A	Cataract surg w/iol, 1 stage	8.99	NA	6.34	0.37	NA	15.70	090
66984	.....	A	Cataract surg w/iol, 1 stage	10.23	NA	7.85	0.41	NA	18.49	090
66985	.....	A	Insert lens prosthesis	8.39	NA	7.05	0.33	NA	15.77	090
66986	.....	A	Exchange lens prosthesis	12.28	NA	8.86	0.49	NA	21.63	090
66999	.....	C	Eye surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
67005	.....	A	Partial removal of eye fluid	5.70	NA	2.75	0.22	NA	8.67	090
67010	.....	A	Partial removal of eye fluid	6.87	NA	3.32	0.27	NA	10.46	090
67015	.....	A	Release of eye fluid	6.92	NA	8.38	0.27	NA	15.57	090
67025	.....	A	Replace eye fluid	6.84	18.23	7.77	0.27	25.34	14.88	090
67027	.....	A	Implant eye drug system	10.85	15.12	9.26	0.46	26.43	20.57	090
67028	.....	A	Injection eye drug	2.52	11.92	1.21	0.11	14.55	3.84	000
67030	.....	A	Incise inner eye strands	4.84	NA	6.96	0.19	NA	11.99	090
67031	.....	A	Laser surgery, eye strands	3.67	4.22	3.24	0.15	8.04	7.06	090
67036	.....	A	Removal of inner eye fluid	11.89	NA	9.30	0.47	NA	21.66	090
67038	.....	A	Strip retinal membrane	21.24	NA	16.01	0.84	NA	38.09	090
67039	.....	A	Laser treatment of retina	14.52	NA	12.74	0.57	NA	27.83	090
67040	.....	A	Laser treatment of retina	17.23	NA	14.08	0.68	NA	31.99	090
67101	.....	A	Repair detached retina	7.53	11.29	9.12	0.29	19.11	16.94	090
67105	.....	A	Repair detached retina	7.41	7.80	5.70	0.29	15.50	13.40	090
67107	.....	A	Repair detached retina	14.84	NA	13.63	0.58	NA	29.05	090
67108	.....	A	Repair detached retina	20.82	NA	18.30	0.82	NA	39.94	090
67110	.....	A	Repair detached retina	8.81	21.74	10.56	0.35	30.90	19.72	090
67112	.....	A	Rerepair detached retina	16.86	NA	15.66	0.66	NA	33.18	090
67115	.....	A	Release encircling material	4.99	NA	7.02	0.19	NA	12.20	090
67120	.....	A	Remove eye implant material	5.98	17.57	7.36	0.23	23.78	13.57	090
67121	.....	A	Remove eye implant material	10.67	NA	12.47	0.42	NA	23.56	090
67141	.....	A	Treatment of retina	5.20	8.29	7.16	0.20	13.69	12.56	090
67145	.....	A	Treatment of retina	5.37	5.43	4.28	0.21	11.01	9.86	090
67208	.....	A	Treatment of retinal lesion	6.70	8.62	7.26	0.26	15.58	14.22	090
67210	.....	A	Treatment of retinal lesion	8.82	7.49	5.93	0.35	16.66	15.10	090
67218	.....	A	Treatment of retinal lesion	18.53	NA	16.36	0.53	NA	35.42	090
67220	.....	A	Treatment of choroid lesion	13.13	11.18	9.94	0.51	24.82	23.58	090
67221	.....	A	Ocular photodynamic ther	4.01	4.80	1.95	0.16	8.97	6.12	000
67225	.....	A	Eye photodynamic ther add-on	0.47	0.24	0.19	0.50	1.21	1.16	ZZZ
67227	.....	A	Treatment of retinal lesion	6.58	9.29	7.40	0.26	16.13	14.24	090
67228	.....	A	Treatment of retinal lesion	12.74	10.17	7.47	0.50	23.41	20.71	090
67250	.....	A	Reinforce eye wall	8.66	NA	12.10	0.36	NA	21.12	090
67255	.....	A	Reinforce/graft eye wall	8.90	NA	12.11	0.35	NA	21.36	090
67299	.....	C	Eye surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
67311	.....	A	Revise eye muscle	6.65	NA	6.36	0.27	NA	13.28	090
67312	.....	A	Revise two eye muscles	8.54	NA	7.46	0.35	NA	16.35	090
67314	.....	A	Revise eye muscle	7.52	NA	6.94	0.30	NA	14.76	090
67316	.....	A	Revise two eye muscles	9.66	NA	7.99	0.40	NA	18.05	090
67318	.....	A	Revise eye muscle(s)	7.85	NA	7.37	0.31	NA	15.53	090
67320	.....	A	Revise eye muscle(s) add-on	4.33	NA	2.09	0.17	NA	6.59	ZZZ
67331	.....	A	Eye surgery follow-up add-on	4.06	NA	2.02	0.17	NA	6.25	ZZZ
67332	.....	A	Rerevise eye muscles add-on	4.49	NA	2.16	0.18	NA	6.83	ZZZ
67334	.....	A	Revise eye muscle w/suture	3.98	NA	1.90	0.16	NA	6.04	ZZZ
67335	.....	A	Eye suture during surgery	2.49	NA	1.20	0.10	NA	3.79	ZZZ
67340	.....	A	Revise eye muscle add-on	4.93	NA	2.41	0.19	NA	7.53	ZZZ
67343	.....	A	Release eye tissue	7.35	NA	7.26	0.30	NA	14.91	090
67345	.....	A	Destroy nerve of eye muscle	2.96	4.46	1.36	0.13	7.55	4.45	010
67350	.....	A	Biopsy eye muscle	2.87	NA	1.99	0.13	NA	4.99	000

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
67399		C	Eye muscle surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
67400		A	Explore/biopsy eye socket	9.76	NA	13.85	0.43	NA	24.04	090
67405		A	Explore/drain eye socket	7.93	NA	12.56	0.36	NA	20.85	090
67412		A	Explore/treat eye socket	9.50	NA	16.02	0.41	NA	25.93	090
67413		A	Explore/treat eye socket	10.00	NA	13.80	0.43	NA	24.23	090
67414		A	Explr/decompress eye socket	11.13	NA	16.90	0.48	NA	28.51	090
67415		A	Aspiration, orbital contents	1.76	NA	0.80	0.09	NA	2.65	000
67420		A	Explore/treat eye socket	20.06	NA	20.79	0.84	NA	41.69	090
67430		A	Explore/treat eye socket	13.39	NA	18.38	0.97	NA	32.74	090
67440		A	Explore/drain eye socket	13.09	NA	18.43	0.58	NA	32.10	090
67445		A	Explr/decompress eye socket	14.42	NA	18.19	0.63	NA	33.24	090
67450		A	Explore/biopsy eye socket	13.51	NA	17.51	0.56	NA	31.58	090
67500		A	Inject/treat eye socket	0.79	0.95	0.20	0.04	1.78	1.03	000
67505		A	Inject/treat eye socket	0.82	0.95	0.21	0.04	1.81	1.07	000
67515		A	Inject/treat eye socket	0.61	0.86	0.29	0.02	1.49	0.92	000
67550		A	Insert eye socket implant	10.19	NA	13.57	0.50	NA	24.26	090
67560		A	Revise eye socket implant	10.60	NA	13.50	0.47	NA	24.57	090
67570		A	Decompress optic nerve	13.58	NA	17.66	0.69	NA	31.93	090
67599		C	Orbit surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
67700		A	Drainage of eyelid abscess	1.35	7.80	0.60	0.06	9.21	2.01	010
67710		A	Incision of eyelid	1.02	7.92	0.49	0.04	8.98	1.55	010
67715		A	Incision of eyelid fold	1.22	NA	0.59	0.05	NA	1.86	010
67800		A	Remove eyelid lesion	1.38	2.67	0.66	0.06	4.11	2.10	010
67801		A	Remove eyelid lesions	1.88	8.23	0.91	0.08	10.19	2.87	010
67805		A	Remove eyelid lesions	2.22	8.41	1.06	0.09	10.72	3.37	010
67808		A	Remove eyelid lesion(s)	3.80	NA	4.34	0.17	NA	8.31	090
67810		A	Biopsy of eyelid	1.48	5.26	0.72	0.06	6.80	2.26	000
67820		A	Revise eyelashes	0.89	2.02	0.39	0.04	2.95	1.32	000
67825		A	Revise eyelashes	1.38	5.70	1.07	0.06	7.14	2.51	010
67830		A	Revise eyelashes	1.70	11.55	2.20	0.07	13.32	3.97	010
67835		A	Revise eyelashes	5.56	NA	4.90	0.22	NA	10.68	090
67840		A	Remove eyelid lesion	2.04	8.19	0.99	0.08	10.31	3.11	010
67850		A	Treat eyelid lesion	1.69	8.79	2.07	0.07	10.55	3.83	010
67875		A	Closure of eyelid by suture	1.35	11.62	2.16	0.06	13.03	3.57	000
67880		A	Revision of eyelid	3.80	12.77	3.24	0.16	16.73	7.20	090
67882		A	Revision of eyelid	5.07	15.42	4.84	0.21	20.70	10.12	090
67900		A	Repair brow defect	6.14	11.29	6.69	0.30	17.73	13.13	090
67901		A	Repair eyelid defect	6.97	NA	7.22	0.32	NA	14.51	090
67902		A	Repair eyelid defect	7.03	NA	7.17	0.34	NA	14.54	090
67903		A	Repair eyelid defect	6.37	10.72	6.80	0.39	17.48	13.56	090
67904		A	Repair eyelid defect	6.26	14.97	8.57	0.26	21.49	15.09	090
67906		A	Repair eyelid defect	6.79	9.91	6.30	0.42	17.12	13.51	090
67908		A	Repair eyelid defect	5.13	9.65	6.36	0.20	14.98	11.69	090
67909		A	Revise eyelid defect	5.40	10.20	6.87	0.25	15.85	12.52	090
67911		A	Revise eyelid defect	5.27	NA	6.92	0.23	NA	12.42	090
67914		A	Repair eyelid defect	3.68	13.22	3.70	0.16	17.06	7.54	090
67915		A	Repair eyelid defect	3.18	11.73	1.52	0.13	15.04	4.83	090
67916		A	Repair eyelid defect	5.31	17.26	5.52	0.22	22.79	11.05	090
67917		A	Repair eyelid defect	6.02	10.63	6.86	0.25	16.90	13.13	090
67921		A	Repair eyelid defect	3.40	12.94	3.47	0.14	16.48	7.01	090
67922		A	Repair eyelid defect	3.06	11.73	3.31	0.13	14.92	6.50	090
67923		A	Repair eyelid defect	5.88	16.33	5.62	0.24	22.45	11.74	090
67924		A	Repair eyelid defect	5.79	9.97	6.20	0.23	15.99	12.22	090
67930		A	Repair eyelid wound	3.61	12.50	3.15	0.17	16.28	6.93	010
67935		A	Repair eyelid wound	6.22	16.12	5.60	0.29	22.63	12.11	090
67938		A	Remove eyelid foreign body	1.33	9.65	0.53	0.06	11.04	1.92	010
67950		A	Revision of eyelid	5.82	9.01	7.67	0.30	15.13	13.79	090
67961		A	Revision of eyelid	5.69	9.39	6.03	0.26	15.34	11.98	090
67966		A	Revision of eyelid	6.57	9.01	6.25	0.33	15.91	13.15	090
67971		A	Reconstruction of eyelid	9.79	NA	7.85	0.42	NA	18.06	090
67973		A	Reconstruction of eyelid	12.87	NA	9.95	0.59	NA	23.41	090
67974		A	Reconstruction of eyelid	12.84	NA	9.87	0.54	NA	23.25	090
67975		A	Reconstruction of eyelid	9.13	NA	7.51	0.38	NA	17.02	090
67999		C	Revision of eyelid	0.00	0.00	0.00	0.00	0.00	0.00	YYY
68020		A	Incise/drain eyelid lining	1.37	7.79	0.65	0.06	9.22	2.08	010
68040		A	Treatment of eyelid lesions	0.85	7.68	0.41	0.03	8.56	1.29	000
68100		A	Biopsy of eyelid lining	1.35	7.93	0.65	0.06	9.34	2.06	000
68110		A	Remove eyelid lining lesion	1.77	8.98	1.41	0.07	10.82	3.25	010
68115		A	Remove eyelid lining lesion	2.36	8.47	1.14	0.10	10.93	3.60	010
68130		A	Remove eyelid lining lesion	4.93	NA	2.38	0.19	NA	7.50	090
68135		A	Remove eyelid lining lesion	1.84	8.23	0.89	0.07	10.14	2.80	010
68200		A	Treat eyelid by injection	0.49	0.76	0.24	0.02	1.27	0.75	000
68320		A	Revise/graft eyelid lining	5.37	5.75	5.34	0.21	11.33	10.92	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
68325	.....	A	Revise/graft eyelid lining	7.36	NA	6.33	0.30	NA	13.99	090
68326	.....	A	Revise/graft eyelid lining	7.15	NA	6.26	0.30	NA	13.71	090
68328	.....	A	Revise/graft eyelid lining	8.18	NA	7.07	0.40	NA	15.65	090
68330	.....	A	Revise eyelid lining	4.83	7.34	5.82	0.19	12.36	10.84	090
68335	.....	A	Revise/graft eyelid lining	7.19	NA	5.68	0.29	NA	13.16	090
68340	.....	A	Separate eyelid adhesions	4.17	15.87	4.33	0.17	20.21	8.67	090
68360	.....	A	Revise eyelid lining	4.37	6.77	5.42	0.17	11.31	9.96	090
68362	.....	A	Revise eyelid lining	7.34	NA	8.02	0.29	NA	15.65	090
68399	.....	C	Eyelid lining surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
68400	.....	A	Incise/drain tear gland	1.69	11.48	2.18	0.07	13.24	3.94	010
68420	.....	A	Incise/drain tear sac	2.30	11.89	2.52	0.10	14.29	4.92	010
68440	.....	A	Incise tear duct opening	0.94	7.86	0.45	0.04	8.84	1.43	010
68500	.....	A	Removal of tear gland	11.02	NA	9.13	0.60	NA	20.75	090
68505	.....	A	Partial removal, tear gland	10.94	NA	10.31	0.57	NA	21.82	090
68510	.....	A	Biopsy of tear gland	4.61	13.09	2.22	0.19	17.89	7.02	000
68520	.....	A	Removal of tear sac	7.51	NA	7.47	0.33	NA	15.31	090
68525	.....	A	Biopsy of tear sac	4.43	NA	2.15	0.18	NA	6.76	000
68530	.....	A	Clearance of tear duct	3.66	15.33	3.18	0.16	19.15	7.00	010
68540	.....	A	Remove tear gland lesion	10.60	NA	9.73	0.46	NA	20.79	090
68550	.....	A	Remove tear gland lesion	13.26	NA	10.50	0.66	NA	24.42	090
68700	.....	A	Repair tear ducts	6.60	NA	6.87	0.27	NA	13.74	090
68705	.....	A	Revise tear duct opening	2.06	8.33	1.00	0.08	10.47	3.14	010
68720	.....	A	Create tear sac drain	8.96	NA	8.04	0.38	NA	17.38	090
68745	.....	A	Create tear duct drain	8.63	NA	7.82	0.38	NA	16.83	090
68750	.....	A	Create tear duct drain	8.66	NA	8.46	0.37	NA	17.49	090
68760	.....	A	Close tear duct opening	1.73	6.77	1.25	0.07	8.57	3.05	010
68761	.....	A	Close tear duct opening	1.36	3.09	1.03	0.06	4.51	2.45	010
68770	.....	A	Close tear system fistula	7.02	17.74	6.15	0.28	25.04	13.45	090
68801	.....	A	Dilate tear duct opening	0.94	0.88	0.57	0.04	1.86	1.55	010
68810	.....	A	Probe nasolacrimal duct	1.90	2.48	0.91	0.08	4.46	2.89	010
68811	.....	A	Probe nasolacrimal duct	2.35	NA	2.46	0.10	NA	4.91	010
68815	.....	A	Probe nasolacrimal duct	3.20	14.08	2.92	0.14	17.42	6.26	010
68840	.....	A	Explore/irrigate tear ducts	1.25	1.62	1.00	0.05	2.92	2.30	010
68850	.....	A	Injection for tear sac x-ray	0.80	15.29	0.32	0.03	16.12	1.15	000
68899	.....	C	Tear duct system surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
69000	.....	A	Drain external ear lesion	1.45	2.14	0.59	0.10	3.69	2.14	010
69005	.....	A	Drain external ear lesion	2.11	2.55	2.11	0.16	4.82	4.38	010
69020	.....	A	Drain outer ear canal lesion	1.48	2.25	0.71	0.11	3.84	2.30	010
69090	.....	N	Pierce earlobes	0.00	0.00	0.00	0.00	0.00	0.00	XXX
69100	.....	A	Biopsy of external ear	0.81	1.44	0.41	0.04	2.29	1.26	000
69105	.....	A	Biopsy of external ear canal	0.85	1.51	1.02	0.06	2.42	1.93	000
69110	.....	A	Remove external ear, partial	3.44	3.48	2.85	0.24	7.16	6.53	090
69120	.....	A	Removal of external ear	4.05	NA	4.68	0.31	NA	9.04	090
69140	.....	A	Remove ear canal lesion(s)	7.97	NA	8.24	0.56	NA	16.77	090
69145	.....	A	Remove ear canal lesion(s)	2.62	3.41	2.54	0.18	6.21	5.34	090
69150	.....	A	Extensive ear canal surgery	13.43	NA	11.38	1.07	NA	25.88	090
69155	.....	A	Extensive ear/neck surgery	20.80	NA	16.26	1.51	NA	38.57	090
69200	.....	A	Clear outer ear canal	0.77	1.45	0.77	0.05	2.27	1.59	000
69205	.....	A	Clear outer ear canal	1.20	NA	1.58	0.09	NA	2.87	010
69210	.....	A	Remove impacted ear wax	0.61	0.59	0.25	0.04	1.24	0.90	000
69220	.....	A	Clean out mastoid cavity	0.83	1.53	0.44	0.06	2.42	1.33	000
69222	.....	A	Clean out mastoid cavity	1.40	2.24	1.71	0.10	3.74	3.21	010
69300	.....	R	Revise external ear	6.36	NA	4.38	0.43	NA	11.17	YYY
69310	.....	A	Rebuild outer ear canal	10.79	NA	9.86	0.77	NA	21.42	090
69320	.....	A	Rebuild outer ear canal	16.96	NA	13.77	1.17	NA	31.90	090
69399	.....	C	Outer ear surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
69400	.....	A	Inflate middle ear canal	0.83	1.51	0.49	0.06	2.40	1.38	000
69401	.....	A	Inflate middle ear canal	0.63	1.41	0.34	0.04	2.08	1.01	000
69405	.....	A	Catheterize middle ear canal	2.63	3.09	1.50	0.18	5.90	4.31	010
69410	.....	A	Inset middle ear (baffle)	0.33	1.39	0.17	0.02	1.74	0.52	000
69420	.....	A	Incision of eardrum	1.33	2.35	0.75	0.10	3.78	2.18	010
69421	.....	A	Incision of eardrum	1.73	2.58	1.92	0.13	4.44	3.78	010
69424	.....	A	Remove ventilating tube	0.85	1.68	0.94	0.06	2.59	1.85	000
69433	.....	A	Create eardrum opening	1.52	2.32	0.88	0.11	3.95	2.51	010
69436	.....	A	Create eardrum opening	1.96	NA	2.05	0.14	NA	4.15	010
69440	.....	A	Exploration of middle ear	7.57	NA	7.41	0.53	NA	15.51	090
69450	.....	A	Eardrum revision	5.57	NA	6.18	0.39	NA	12.14	090
69501	.....	A	Mastoidectomy	9.07	NA	8.22	0.65	NA	17.94	090
69502	.....	A	Mastoidectomy	12.38	NA	10.80	0.86	NA	24.04	090
69505	.....	A	Remove mastoid structures	12.99	NA	10.94	0.92	NA	24.85	090
69511	.....	A	Extensive mastoid surgery	13.52	NA	11.45	0.96	NA	25.93	090
69530	.....	A	Extensive mastoid surgery	19.19	NA	15.06	1.32	NA	35.57	090
69535	.....	A	Remove part of temporal bone	36.14	NA	25.13	2.59	NA	63.86	090

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CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
69540	.....	A	Remove ear lesion	1.20	2.27	1.61	0.09	3.56	2.90	010
69550	.....	A	Remove ear lesion	10.99	NA	9.97	0.80	NA	21.76	090
69552	.....	A	Remove ear lesion	19.46	NA	14.81	1.36	NA	35.63	090
69554	.....	A	Remove ear lesion	33.16	NA	21.79	2.32	NA	57.27	090
69601	.....	A	Mastoid surgery revision	13.24	NA	11.97	0.92	NA	26.13	090
69602	.....	A	Mastoid surgery revision	13.58	NA	11.55	0.94	NA	26.07	090
69603	.....	A	Mastoid surgery revision	14.02	NA	11.80	1.00	NA	26.82	090
69604	.....	A	Mastoid surgery revision	14.02	NA	11.76	0.98	NA	26.76	090
69605	.....	A	Mastoid surgery revision	18.49	NA	14.37	1.29	NA	34.15	090
69610	.....	A	Repair of eardrum	4.43	4.27	3.47	0.31	9.01	8.21	010
69620	.....	A	Repair of eardrum	5.89	6.90	3.40	0.40	13.19	9.69	090
69631	.....	A	Repair eardrum structures	9.86	NA	9.38	0.69	NA	19.93	090
69632	.....	A	Rebuild eardrum structures	12.75	NA	11.73	0.89	NA	25.37	090
69633	.....	A	Rebuild eardrum structures	12.10	NA	11.36	0.84	NA	24.30	090
69635	.....	A	Repair eardrum structures	13.33	NA	11.41	0.87	NA	25.61	090
69636	.....	A	Rebuild eardrum structures	15.22	NA	13.23	1.07	NA	29.52	090
69637	.....	A	Rebuild eardrum structures	15.11	NA	13.16	1.06	NA	29.33	090
69641	.....	A	Revise middle ear & mastoid	12.71	NA	11.06	0.89	NA	24.66	090
69642	.....	A	Revise middle ear & mastoid	16.84	NA	14.16	1.18	NA	32.18	090
69643	.....	A	Revise middle ear & mastoid	15.32	NA	13.24	1.08	NA	29.64	090
69644	.....	A	Revise middle ear & mastoid	16.97	NA	14.22	1.19	NA	32.38	090
69645	.....	A	Revise middle ear & mastoid	16.38	NA	13.77	1.16	NA	31.31	090
69646	.....	A	Revise middle ear & mastoid	17.99	NA	14.83	1.26	NA	34.08	090
69650	.....	A	Release middle ear bone	9.66	NA	8.53	0.68	NA	18.87	090
69660	.....	A	Revise middle ear bone	11.90	NA	9.86	0.84	NA	22.60	090
69661	.....	A	Revise middle ear bone	15.74	NA	12.63	1.10	NA	29.47	090
69662	.....	A	Revise middle ear bone	15.44	NA	12.56	1.08	NA	29.08	090
69666	.....	A	Repair middle ear structures	9.75	NA	8.65	0.68	NA	19.08	090
69667	.....	A	Repair middle ear structures	9.76	NA	8.58	0.72	NA	19.06	090
69670	.....	A	Remove mastoid air cells	11.51	NA	10.36	0.78	NA	22.65	090
69676	.....	A	Remove middle ear nerve	9.52	NA	9.14	0.69	NA	19.35	090
69700	.....	A	Close mastoid fistula	8.23	NA	5.77	0.55	NA	14.55	090
69710	.....	N	Implant/replace hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
69711	.....	A	Remove/repair hearing aid	10.44	NA	9.62	0.62	NA	20.68	090
69714	.....	A	Implant temple bone w/stimul	14.00	NA	11.53	1.01	NA	26.54	090
69715	.....	A	Temple bone implnt w/stimulat	18.25	NA	14.05	1.32	NA	33.62	090
69717	.....	A	Temple bone implant revision	14.98	NA	11.46	1.08	NA	27.52	090
69718	.....	A	Revise temple bone implant	18.50	NA	14.20	1.34	NA	34.04	090
69720	.....	A	Release facial nerve	14.38	NA	12.85	1.03	NA	28.26	090
69725	.....	A	Release facial nerve	25.38	NA	17.97	1.78	NA	45.13	090
69740	.....	A	Repair facial nerve	15.96	NA	10.90	1.13	NA	27.99	090
69745	.....	A	Repair facial nerve	16.69	NA	12.80	1.00	NA	30.49	090
69799	.....	C	Middle ear surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
69801	.....	A	Incise inner ear	8.56	NA	7.96	0.60	NA	17.12	090
69802	.....	A	Incise inner ear	13.10	NA	11.37	0.91	NA	25.38	090
69805	.....	A	Explore inner ear	13.82	NA	10.91	0.97	NA	25.70	090
69806	.....	A	Explore inner ear	12.35	NA	10.82	0.86	NA	24.03	090
69820	.....	A	Establish inner ear window	10.34	NA	8.78	0.66	NA	19.78	090
69840	.....	A	Revise inner ear window	10.26	NA	9.00	0.64	NA	19.90	090
69905	.....	A	Remove inner ear	11.10	NA	9.94	0.77	NA	21.81	090
69910	.....	A	Remove inner ear & mastoid	13.63	NA	11.42	0.94	NA	25.99	090
69915	.....	A	Incise inner ear nerve	21.23	NA	15.88	1.54	NA	38.65	090
69930	.....	A	Implant cochlear device	16.81	NA	12.94	1.19	NA	30.94	090
69949	.....	C	Inner ear surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
69950	.....	A	Incise inner ear nerve	25.64	NA	16.71	2.90	NA	45.25	090
69955	.....	A	Release facial nerve	27.04	NA	18.39	1.89	NA	47.32	090
69960	.....	A	Release inner ear canal	27.04	NA	18.40	2.43	NA	47.87	090
69970	.....	A	Remove inner ear lesion	30.04	NA	19.12	2.34	NA	51.50	090
69979	.....	C	Temporal bone surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
69990	.....	R	Microsurgery add-on	3.47	NA	1.87	0.56	NA	5.90	ZZZ
70010	.....	A	Contrast x-ray of brain	1.19	4.53	NA	0.24	5.96	NA	XXX
70010	26	A	Contrast x-ray of brain	1.19	0.42	0.42	0.06	1.67	1.67	XXX
70010	TC	A	Contrast x-ray of brain	0.00	4.11	NA	0.18	4.29	NA	XXX
70015	.....	A	Contrast x-ray of brain	1.19	1.71	NA	0.12	3.02	NA	XXX
70015	26	A	Contrast x-ray of brain	1.19	0.42	0.42	0.05	1.66	1.66	XXX
70015	TC	A	Contrast x-ray of brain	0.00	1.29	NA	0.07	1.36	NA	XXX
70030	.....	A	X-ray eye for foreign body	0.17	0.45	NA	0.03	0.65	NA	XXX
70030	26	A	X-ray eye for foreign body	0.17	0.06	0.06	0.01	0.24	0.24	XXX
70030	TC	A	X-ray eye for foreign body	0.00	0.39	NA	0.02	0.41	NA	XXX
70100	.....	A	X-ray exam of jaw	0.18	0.56	NA	0.03	0.77	NA	XXX
70100	26	A	X-ray exam of jaw	0.18	0.06	0.06	0.01	0.25	0.25	XXX
70100	TC	A	X-ray exam of jaw	0.00	0.50	NA	0.02	0.52	NA	XXX
70110	.....	A	X-ray exam of jaw	0.25	0.68	NA	0.04	0.97	NA	XXX

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CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
70110	26	A	X-ray exam of jaw	0.25	0.09	0.09	0.01	0.35	0.35	XXX
70110	TC	A	X-ray exam of jaw	0.00	0.59	NA	0.03	0.62	NA	XXX
70120	.....	A	X-ray exam of mastoids	0.18	0.65	NA	0.04	0.87	NA	XXX
70120	26	A	X-ray exam of mastoids	0.18	0.06	0.06	0.01	0.25	0.25	XXX
70120	TC	A	X-ray exam of mastoids	0.00	0.59	NA	0.03	0.62	NA	XXX
70130	.....	A	X-ray exam of mastoids	0.34	0.86	NA	0.05	1.25	NA	XXX
70130	26	A	X-ray exam of mastoids	0.34	0.12	0.12	0.01	0.47	0.47	XXX
70130	TC	A	X-ray exam of mastoids	0.00	0.74	NA	0.04	0.78	NA	XXX
70134	.....	A	X-ray exam of middle ear	0.34	0.82	NA	0.05	1.21	NA	XXX
70134	26	A	X-ray exam of middle ear	0.34	0.12	0.12	0.01	0.47	0.47	XXX
70134	TC	A	X-ray exam of middle ear	0.00	0.70	NA	0.04	0.74	NA	XXX
70140	.....	A	X-ray exam of facial bones	0.19	0.66	NA	0.04	0.89	NA	XXX
70140	26	A	X-ray exam of facial bones	0.19	0.07	0.07	0.01	0.27	0.27	XXX
70140	TC	A	X-ray exam of facial bones	0.00	0.59	NA	0.03	0.62	NA	XXX
70150	.....	A	X-ray exam of facial bones	0.26	0.83	NA	0.05	1.14	NA	XXX
70150	26	A	X-ray exam of facial bones	0.26	0.09	0.09	0.01	0.36	0.36	XXX
70150	TC	A	X-ray exam of facial bones	0.00	0.74	NA	0.04	0.78	NA	XXX
70160	.....	A	X-ray exam of nasal bones	0.17	0.56	NA	0.03	0.76	NA	XXX
70160	26	A	X-ray exam of nasal bones	0.17	0.06	0.06	0.01	0.24	0.24	XXX
70160	TC	A	X-ray exam of nasal bones	0.00	0.50	NA	0.02	0.52	NA	XXX
70170	.....	A	X-ray exam of tear duct	0.30	1.01	NA	0.06	1.37	NA	XXX
70170	26	A	X-ray exam of tear duct	0.30	0.11	0.11	0.01	0.42	0.42	XXX
70170	TC	A	X-ray exam of tear duct	0.00	0.90	NA	0.05	0.95	NA	XXX
70190	.....	A	X-ray exam of eye sockets	0.21	0.66	NA	0.04	0.91	NA	XXX
70190	26	A	X-ray exam of eye sockets	0.21	0.07	0.07	0.01	0.29	0.29	XXX
70190	TC	A	X-ray exam of eye sockets	0.00	0.59	NA	0.03	0.62	NA	XXX
70200	.....	A	X-ray exam of eye sockets	0.28	0.84	NA	0.05	1.17	NA	XXX
70200	26	A	X-ray exam of eye sockets	0.28	0.10	0.10	0.01	0.39	0.39	XXX
70200	TC	A	X-ray exam of eye sockets	0.00	0.74	NA	0.04	0.78	NA	XXX
70210	.....	A	X-ray exam of sinuses	0.17	0.65	NA	0.04	0.86	NA	XXX
70210	26	A	X-ray exam of sinuses	0.17	0.06	0.06	0.01	0.24	0.24	XXX
70210	TC	A	X-ray exam of sinuses	0.00	0.59	NA	0.03	0.62	NA	XXX
70220	.....	A	X-ray exam of sinuses	0.25	0.83	NA	0.05	1.13	NA	XXX
70220	26	A	X-ray exam of sinuses	0.25	0.09	0.09	0.01	0.35	0.35	XXX
70220	TC	A	X-ray exam of sinuses	0.00	0.74	NA	0.04	0.78	NA	XXX
70240	.....	A	X-ray exam, pituitary saddle	0.19	0.46	NA	0.03	0.68	NA	XXX
70240	26	A	X-ray exam, pituitary saddle	0.19	0.07	0.07	0.01	0.27	0.27	XXX
70240	TC	A	X-ray exam, pituitary saddle	0.00	0.39	NA	0.02	0.41	NA	XXX
70250	.....	A	X-ray exam of skull	0.24	0.67	NA	0.04	0.95	NA	XXX
70250	26	A	X-ray exam of skull	0.24	0.08	0.08	0.01	0.33	0.33	XXX
70250	TC	A	X-ray exam of skull	0.00	0.59	NA	0.03	0.62	NA	XXX
70260	.....	A	X-ray exam of skull	0.34	0.96	NA	0.06	1.36	NA	XXX
70260	26	A	X-ray exam of skull	0.34	0.12	0.12	0.01	0.47	0.47	XXX
70260	TC	A	X-ray exam of skull	0.00	0.84	NA	0.05	0.89	NA	XXX
70300	.....	A	X-ray exam of teeth	0.10	0.29	NA	0.03	0.42	NA	XXX
70300	26	A	X-ray exam of teeth	0.10	0.04	0.04	0.01	0.15	0.15	XXX
70300	TC	A	X-ray exam of teeth	0.00	0.25	NA	0.02	0.27	NA	XXX
70310	.....	A	X-ray exam of teeth	0.16	0.46	NA	0.03	0.65	NA	XXX
70310	26	A	X-ray exam of teeth	0.16	0.07	0.07	0.01	0.24	0.24	XXX
70310	TC	A	X-ray exam of teeth	0.00	0.39	NA	0.02	0.41	NA	XXX
70320	.....	A	Full mouth x-ray of teeth	0.22	0.82	NA	0.05	1.09	NA	XXX
70320	26	A	Full mouth x-ray of teeth	0.22	0.08	0.08	0.01	0.31	0.31	XXX
70320	TC	A	Full mouth x-ray of teeth	0.00	0.74	NA	0.04	0.78	NA	XXX
70328	.....	A	X-ray exam of jaw joint	0.18	0.53	NA	0.03	0.74	NA	XXX
70328	26	A	X-ray exam of jaw joint	0.18	0.06	0.06	0.01	0.25	0.25	XXX
70328	TC	A	X-ray exam of jaw joint	0.00	0.47	NA	0.02	0.49	NA	XXX
70330	.....	A	X-ray exam of jaw joints	0.24	0.88	NA	0.05	1.17	NA	XXX
70330	26	A	X-ray exam of jaw joints	0.24	0.08	0.08	0.01	0.33	0.33	XXX
70330	TC	A	X-ray exam of jaw joints	0.00	0.80	NA	0.04	0.84	NA	XXX
70332	.....	A	X-ray exam of jaw joint	0.54	2.18	NA	0.12	2.84	NA	XXX
70332	26	A	X-ray exam of jaw joint	0.54	0.19	0.19	0.02	0.75	0.75	XXX
70332	TC	A	X-ray exam of jaw joint	0.00	1.99	NA	0.10	2.09	NA	XXX
70336	.....	A	Magnetic image, jaw joint	1.48	11.16	NA	0.56	13.20	NA	XXX
70336	26	A	Magnetic image, jaw joint	1.48	0.52	0.52	0.07	2.07	2.07	XXX
70336	TC	A	Magnetic image, jaw joint	0.00	10.64	NA	0.49	11.13	NA	XXX
70350	.....	A	X-ray head for orthodontia	0.17	0.42	NA	0.03	0.62	NA	XXX
70350	26	A	X-ray head for orthodontia	0.17	0.06	0.06	0.01	0.24	0.24	XXX
70350	TC	A	X-ray head for orthodontia	0.00	0.36	NA	0.02	0.38	NA	XXX
70355	.....	A	Panoramic x-ray of jaws	0.20	0.61	NA	0.04	0.85	NA	XXX
70355	26	A	Panoramic x-ray of jaws	0.20	0.07	0.07	0.01	0.28	0.28	XXX
70355	TC	A	Panoramic x-ray of jaws	0.00	0.54	NA	0.03	0.57	NA	XXX
70360	.....	A	X-ray exam of neck	0.17	0.45	NA	0.03	0.65	NA	XXX
70360	26	A	X-ray exam of neck	0.17	0.06	0.06	0.01	0.24	0.24	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
70360	TC	A	X-ray exam of neck	0.00	0.39	NA	0.02	0.41	NA	XXX
70370	.....	A	Throat x-ray & fluoroscopy	0.32	1.35	NA	0.07	1.74	NA	XXX
70370	26	A	Throat x-ray & fluoroscopy	0.32	0.11	0.11	0.01	0.44	0.44	XXX
70370	TC	A	Throat x-ray & fluoroscopy	0.00	1.24	NA	0.06	1.30	NA	XXX
70371	.....	A	Speech evaluation, complex	0.84	2.29	NA	0.14	3.27	NA	XXX
70371	26	A	Speech evaluation, complex	0.84	0.30	0.30	0.04	1.18	1.18	XXX
70371	TC	A	Speech evaluation, complex	0.00	1.99	NA	0.10	2.09	NA	XXX
70373	.....	A	Contrast x-ray of larynx	0.44	1.84	NA	0.11	2.39	NA	XXX
70373	26	A	Contrast x-ray of larynx	0.44	0.15	0.15	0.02	0.61	0.61	XXX
70373	TC	A	Contrast x-ray of larynx	0.00	1.69	NA	0.09	1.78	NA	XXX
70380	.....	A	X-ray exam of salivary gland	0.17	0.69	NA	0.04	0.90	NA	XXX
70380	26	A	X-ray exam of salivary gland	0.17	0.06	0.06	0.01	0.24	0.24	XXX
70380	TC	A	X-ray exam of salivary gland	0.00	0.63	NA	0.03	0.66	NA	XXX
70390	.....	A	X-ray exam of salivary duct	0.38	1.82	NA	0.11	2.31	NA	XXX
70390	26	A	X-ray exam of salivary duct	0.38	0.13	0.13	0.02	0.53	0.53	XXX
70390	TC	A	X-ray exam of salivary duct	0.00	1.69	NA	0.09	1.78	NA	XXX
70450	.....	A	Ct head/brain w/o dye	0.85	4.78	NA	0.25	5.88	NA	XXX
70450	26	A	Ct head/brain w/o dye	0.85	0.30	0.30	0.04	1.19	1.19	XXX
70450	TC	A	Ct head/brain w/o dye	0.00	4.48	NA	0.21	4.69	NA	XXX
70460	.....	A	Ct head/brain w/dye	1.13	5.77	NA	0.30	7.20	NA	XXX
70460	26	A	Ct head/brain w/dye	1.13	0.40	0.40	0.05	1.58	1.58	XXX
70460	TC	A	Ct head/brain w/dye	0.00	5.37	NA	0.25	5.62	NA	XXX
70470	.....	A	Ct head/brain w/o&w dye	1.27	7.16	NA	0.37	8.80	NA	XXX
70470	26	A	Ct head/brain w/o&w dye	1.27	0.45	0.45	0.06	1.78	1.78	XXX
70470	TC	A	Ct head/brain w/o&w dye	0.00	6.71	NA	0.31	7.02	NA	XXX
70480	.....	A	Ct orbit/ear/fossa w/o dye	1.28	4.93	NA	0.27	6.48	NA	XXX
70480	26	A	Ct orbit/ear/fossa w/o dye	1.28	0.45	0.45	0.06	1.79	1.79	XXX
70480	TC	A	Ct orbit/ear/fossa w/o dye	0.00	4.48	NA	0.21	4.69	NA	XXX
70481	.....	A	Ct orbit/ear/fossa w/dye	1.38	5.85	NA	0.31	7.54	NA	XXX
70481	26	A	Ct orbit/ear/fossa w/dye	1.38	0.48	0.48	0.06	1.92	1.92	XXX
70481	TC	A	Ct orbit/ear/fossa w/dye	0.00	5.37	NA	0.25	5.62	NA	XXX
70482	.....	A	Ct orbit/ear/fossa w/o&w dye	1.45	7.22	NA	0.37	9.04	NA	XXX
70482	26	A	Ct orbit/ear/fossa w/o&w dye	1.45	0.51	0.51	0.06	2.02	2.02	XXX
70482	TC	A	Ct orbit/ear/fossa w/o&w dye	0.00	6.71	NA	0.31	7.02	NA	XXX
70486	.....	A	Ct maxillofacial w/o dye	1.14	4.88	NA	0.26	6.28	NA	XXX
70486	26	A	Ct maxillofacial w/o dye	1.14	0.40	0.40	0.05	1.59	1.59	XXX
70486	TC	A	Ct maxillofacial w/o dye	0.00	4.48	NA	0.21	4.69	NA	XXX
70487	.....	A	Ct maxillofacial w/dye	1.30	5.83	NA	0.31	7.44	NA	XXX
70487	26	A	Ct maxillofacial w/dye	1.30	0.46	0.46	0.06	1.82	1.82	XXX
70487	TC	A	Ct maxillofacial w/dye	0.00	5.37	NA	0.25	5.62	NA	XXX
70488	.....	A	Ct maxillofacial w/o&w dye	1.42	7.21	NA	0.37	9.00	NA	XXX
70488	26	A	Ct maxillofacial w/o&w dye	1.42	0.50	0.50	0.06	1.98	1.98	XXX
70488	TC	A	Ct maxillofacial w/o&w dye	0.00	6.71	NA	0.31	7.02	NA	XXX
70490	.....	A	Ct soft tissue neck w/o dye	1.28	4.93	NA	0.27	6.48	NA	XXX
70490	26	A	Ct soft tissue neck w/o dye	1.28	0.45	0.45	0.06	1.79	1.79	XXX
70490	TC	A	Ct soft tissue neck w/o dye	0.00	4.48	NA	0.21	4.69	NA	XXX
70491	.....	A	Ct soft tissue neck w/dye	1.38	5.85	NA	0.31	7.54	NA	XXX
70491	26	A	Ct soft tissue neck w/dye	1.38	0.48	0.48	0.06	1.92	1.92	XXX
70491	TC	A	Ct soft tissue neck w/dye	0.00	5.37	NA	0.25	5.62	NA	XXX
70492	.....	A	Ct sft tsue nck w/o & w/dye	1.45	7.22	NA	0.37	9.04	NA	XXX
70492	26	A	Ct sft tsue nck w/o & w/dye	1.45	0.51	0.51	0.06	2.02	2.02	XXX
70492	TC	A	Ct sft tsue nck w/o & w/dye	0.00	6.71	NA	0.31	7.02	NA	XXX
70496	.....	A	Ct angiography, head	1.75	7.41	NA	0.56	9.72	NA	XXX
70496	26	A	Ct angiography, head	1.75	0.70	0.70	0.08	2.53	2.53	XXX
70496	TC	A	Ct angiography, head	0.00	6.71	NA	0.48	7.19	NA	XXX
70498	.....	A	Ct angiography, neck	1.75	7.41	NA	0.56	9.72	NA	XXX
70498	26	A	Ct angiography, neck	1.75	0.70	0.70	0.08	2.53	2.53	XXX
70498	TC	A	Ct angiography, neck	0.00	6.71	NA	0.48	7.19	NA	XXX
70540	.....	A	Mri orbit/face/neck w/o dye	1.35	11.11	NA	0.36	12.82	NA	XXX
70540	26	A	Mri orbit/face/neck w/o dye	1.35	0.47	0.47	0.04	1.86	1.86	XXX
70540	TC	A	Mri orbit/face/neck w/o dye	0.00	10.64	NA	0.32	10.96	NA	XXX
70542	.....	A	Mri orbit/face/neck w/dye	1.62	13.33	NA	0.44	15.39	NA	XXX
70542	26	A	Mri orbit/face/neck w/dye	1.62	0.57	0.57	0.05	2.24	2.24	XXX
70542	TC	A	Mri orbit/face/neck w/dye	0.00	12.76	NA	0.39	13.15	NA	XXX
70543	.....	A	Mri orbt/fac/nck w/o&w dye	2.15	24.39	NA	0.77	27.31	NA	XXX
70543	26	A	Mri orbt/fac/nck w/o&w dye	2.15	0.75	0.75	0.07	2.97	2.97	XXX
70543	TC	A	Mri orbt/fac/nck w/o&w dye	0.00	23.64	NA	0.70	24.34	NA	XXX
70544	.....	A	Mr angiography head w/o dye	1.20	11.06	NA	0.54	12.80	NA	XXX
70544	26	A	Mr angiography head w/o dye	1.20	0.42	0.42	0.05	1.67	1.67	XXX
70544	TC	A	Mr angiography head w/o dye	0.00	10.64	NA	0.49	11.13	NA	XXX
70545	.....	A	Mr angiography head w/dye	1.20	11.06	NA	0.54	12.80	NA	XXX
70545	26	A	Mr angiography head w/dye	1.20	0.42	0.42	0.05	1.67	1.67	XXX
70545	TC	A	Mr angiography head w/dye	0.00	10.64	NA	0.49	11.13	NA	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
70546	.....	A	Mr angiograph head w/o&w dye	1.80	21.92	NA	0.57	24.29	NA	XXX
70546	26	A	Mr angiograph head w/o&w dye	1.80	0.63	0.63	0.08	2.51	2.51	XXX
70546	TC	A	Mr angiograph head w/o&w dye	0.00	21.29	NA	0.49	21.78	NA	XXX
70547	.....	A	Mr angiography neck w/o dye	1.20	11.06	NA	0.54	12.80	NA	XXX
70547	26	A	Mr angiography neck w/o dye	1.20	0.42	0.42	0.05	1.67	1.67	XXX
70547	TC	A	Mr angiography neck w/o dye	0.00	10.64	NA	0.49	11.13	NA	XXX
70548	.....	A	Mr angiography neck w/dye	1.20	11.06	NA	0.54	12.80	NA	XXX
70548	26	A	Mr angiography neck w/dye	1.20	0.42	0.42	0.05	1.67	1.67	XXX
70548	TC	A	Mr angiography neck w/dye	0.00	10.64	NA	0.49	11.13	NA	XXX
70549	.....	A	Mr angiograph neck w/o&w dye	1.80	21.92	NA	0.57	24.29	NA	XXX
70549	26	A	Mr angiograph neck w/o&w dye	1.80	0.63	0.63	0.08	2.51	2.51	XXX
70549	TC	A	Mr angiograph neck w/o&w dye	0.00	21.29	NA	0.49	21.78	NA	XXX
70551	.....	A	Mri brain w/o dye	1.48	11.16	NA	0.56	13.20	NA	XXX
70551	26	A	Mri brain w/o dye	1.48	0.52	0.52	0.07	2.07	2.07	XXX
70551	TC	A	Mri brain w/o dye	0.00	10.64	NA	0.49	11.13	NA	XXX
70552	.....	A	Mri brain w/dye	1.78	13.40	NA	0.66	15.84	NA	XXX
70552	26	A	Mri brain w/dye	1.78	0.64	0.64	0.08	2.50	2.50	XXX
70552	TC	A	Mri brain w/dye	0.00	12.76	NA	0.58	13.34	NA	XXX
70553	.....	A	Mri brain w/o&w dye	2.36	24.47	NA	1.19	28.02	NA	XXX
70553	26	A	Mri brain w/o&w dye	2.36	0.83	0.83	0.10	3.29	3.29	XXX
70553	TC	A	Mri brain w/o&w dye	0.00	23.64	NA	1.09	24.73	NA	XXX
71010	.....	A	Chest x-ray	0.18	0.51	NA	0.03	0.72	NA	XXX
71010	26	A	Chest x-ray	0.18	0.06	0.06	0.01	0.25	0.25	XXX
71010	TC	A	Chest x-ray	0.00	0.45	NA	0.02	0.47	NA	XXX
71015	.....	A	Chest x-ray	0.21	0.57	NA	0.03	0.81	NA	XXX
71015	26	A	Chest x-ray	0.21	0.07	0.07	0.01	0.29	0.29	XXX
71015	TC	A	Chest x-ray	0.00	0.50	NA	0.02	0.52	NA	XXX
71020	.....	A	Chest x-ray	0.22	0.67	NA	0.04	0.93	NA	XXX
71020	26	A	Chest x-ray	0.22	0.08	0.08	0.01	0.31	0.31	XXX
71020	TC	A	Chest x-ray	0.00	0.59	NA	0.03	0.62	NA	XXX
71021	.....	A	Chest x-ray	0.27	0.79	NA	0.05	1.11	NA	XXX
71021	26	A	Chest x-ray	0.27	0.09	0.09	0.01	0.37	0.37	XXX
71021	TC	A	Chest x-ray	0.00	0.70	NA	0.04	0.74	NA	XXX
71022	.....	A	Chest x-ray	0.31	0.81	NA	0.06	1.18	NA	XXX
71022	26	A	Chest x-ray	0.31	0.11	0.11	0.02	0.44	0.44	XXX
71022	TC	A	Chest x-ray	0.00	0.70	NA	0.04	0.74	NA	XXX
71023	.....	A	Chest x-ray and fluoroscopy	0.38	0.88	NA	0.06	1.32	NA	XXX
71023	26	A	Chest x-ray and fluoroscopy	0.38	0.14	0.14	0.02	0.54	0.54	XXX
71023	TC	A	Chest x-ray and fluoroscopy	0.00	0.74	NA	0.04	0.78	NA	XXX
71030	.....	A	Chest x-ray	0.31	0.85	NA	0.05	1.21	NA	XXX
71030	26	A	Chest x-ray	0.31	0.11	0.11	0.01	0.43	0.43	XXX
71030	TC	A	Chest x-ray	0.00	0.74	NA	0.04	0.78	NA	XXX
71034	.....	A	Chest x-ray and fluoroscopy	0.46	1.54	NA	0.09	2.09	NA	XXX
71034	26	A	Chest x-ray and fluoroscopy	0.46	0.17	0.17	0.02	0.65	0.65	XXX
71034	TC	A	Chest x-ray and fluoroscopy	0.00	1.37	NA	0.07	1.44	NA	XXX
71035	.....	A	Chest x-ray	0.18	0.56	NA	0.03	0.77	NA	XXX
71035	26	A	Chest x-ray	0.18	0.06	0.06	0.01	0.25	0.25	XXX
71035	TC	A	Chest x-ray	0.00	0.50	NA	0.02	0.52	NA	XXX
71040	.....	A	Contrast x-ray of bronchi	0.58	1.59	NA	0.10	2.27	NA	XXX
71040	26	A	Contrast x-ray of bronchi	0.58	0.20	0.20	0.03	0.81	0.81	XXX
71040	TC	A	Contrast x-ray of bronchi	0.00	1.39	NA	0.07	1.46	NA	XXX
71060	.....	A	Contrast x-ray of bronchi	0.74	2.35	NA	0.14	3.23	NA	XXX
71060	26	A	Contrast x-ray of bronchi	0.74	0.26	0.26	0.03	1.03	1.03	XXX
71060	TC	A	Contrast x-ray of bronchi	0.00	2.09	NA	0.11	2.20	NA	XXX
71090	.....	A	X-ray & pacemaker insertion	0.54	1.82	NA	0.11	2.47	NA	XXX
71090	26	A	X-ray & pacemaker insertion	0.54	0.22	0.22	0.02	0.78	0.78	XXX
71090	TC	A	X-ray & pacemaker insertion	0.00	1.60	NA	0.09	1.69	NA	XXX
71100	.....	A	X-ray exam of ribs	0.22	0.62	NA	0.04	0.88	NA	XXX
71100	26	A	X-ray exam of ribs	0.22	0.08	0.08	0.01	0.31	0.31	XXX
71100	TC	A	X-ray exam of ribs	0.00	0.54	NA	0.03	0.57	NA	XXX
71101	.....	A	X-ray exam of ribs/chest	0.27	0.72	NA	0.04	1.03	NA	XXX
71101	26	A	X-ray exam of ribs/chest	0.27	0.09	0.09	0.01	0.37	0.37	XXX
71101	TC	A	X-ray exam of ribs/chest	0.00	0.63	NA	0.03	0.66	NA	XXX
71110	.....	A	X-ray exam of ribs	0.27	0.83	NA	0.05	1.15	NA	XXX
71110	26	A	X-ray exam of ribs	0.27	0.09	0.09	0.01	0.37	0.37	XXX
71110	TC	A	X-ray exam of ribs	0.00	0.74	NA	0.04	0.78	NA	XXX
71111	.....	A	X-ray exam of ribs/chest	0.32	0.95	NA	0.06	1.33	NA	XXX
71111	26	A	X-ray exam of ribs/chest	0.32	0.11	0.11	0.01	0.44	0.44	XXX
71111	TC	A	X-ray exam of ribs/chest	0.00	0.84	NA	0.05	0.89	NA	XXX
71120	.....	A	X-ray exam of breastbone	0.20	0.69	NA	0.04	0.93	NA	XXX
71120	26	A	X-ray exam of breastbone	0.20	0.07	0.07	0.01	0.28	0.28	XXX
71120	TC	A	X-ray exam of breastbone	0.00	0.62	NA	0.03	0.65	NA	XXX
71130	.....	A	X-ray exam of breastbone	0.22	0.75	NA	0.04	1.01	NA	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
71130	26	A	X-ray exam of breastbone	0.22	0.08	0.08	0.01	0.31	0.31	XXX
71130	TC	A	X-ray exam of breastbone	0.00	0.67	NA	0.03	0.70	NA	XXX
71250		A	Ct thorax w/o dye	1.16	6.02	NA	0.31	7.49	NA	XXX
71250	26	A	Ct thorax w/o dye	1.16	0.41	0.41	0.05	1.62	1.62	XXX
71250	TC	A	Ct thorax w/o dye	0.00	5.61	NA	0.26	5.87	NA	XXX
71260		A	Ct thorax w/dye	1.24	7.14	NA	0.36	8.74	NA	XXX
71260	26	A	Ct thorax w/dye	1.24	0.43	0.43	0.05	1.72	1.72	XXX
71260	TC	A	Ct thorax w/dye	0.00	6.71	NA	0.31	7.02	NA	XXX
71270		A	Ct thorax w/o&w dye	1.38	8.88	NA	0.44	10.70	NA	XXX
71270	26	A	Ct thorax w/o&w dye	1.38	0.48	0.48	0.06	1.92	1.92	XXX
71270	TC	A	Ct thorax w/o&w dye	0.00	8.40	NA	0.38	8.78	NA	XXX
71275		A	Ct angiography, chest	1.92	9.17	NA	0.38	11.47	NA	XXX
71275	26	A	Ct angiography, chest	1.92	0.77	0.77	0.06	2.75	2.75	XXX
71275	TC	A	Ct angiography, chest	0.00	8.40	NA	0.32	8.72	NA	XXX
71550		A	Mri chest w/o dye	1.46	11.15	NA	0.41	13.02	NA	XXX
71550	26	A	Mri chest w/o dye	1.46	0.51	0.51	0.04	2.01	2.01	XXX
71550	TC	A	Mri chest w/o dye	0.00	10.64	NA	0.37	11.01	NA	XXX
71551		A	Mri chest w/dye	1.73	13.36	NA	0.49	15.58	NA	XXX
71551	26	A	Mri chest w/dye	1.73	0.60	0.60	0.06	2.39	2.39	XXX
71551	TC	A	Mri chest w/dye	0.00	12.76	NA	0.43	13.19	NA	XXX
71552		A	Mri chest w/o&w dye	2.26	24.43	NA	0.64	27.33	NA	XXX
71552	26	A	Mri chest w/o&w dye	2.26	0.79	0.79	0.08	3.13	3.13	XXX
71552	TC	A	Mri chest w/o&w dye	0.00	23.64	NA	0.56	24.20	NA	XXX
71555		R	Mri angio chest w or w/o dye	1.81	11.28	NA	0.57	13.66	NA	XXX
71555	26	R	Mri angio chest w or w/o dye	1.81	0.64	0.64	0.08	2.53	2.53	XXX
71555	TC	R	Mri angio chest w or w/o dye	0.00	10.64	NA	0.49	11.13	NA	XXX
72010		A	X-ray exam of spine	0.45	1.13	NA	0.08	1.66	NA	XXX
72010	26	A	X-ray exam of spine	0.45	0.16	0.16	0.03	0.64	0.64	XXX
72010	TC	A	X-ray exam of spine	0.00	0.97	NA	0.05	1.02	NA	XXX
72020		A	X-ray exam of spine	0.15	0.44	NA	0.03	0.62	NA	XXX
72020	26	A	X-ray exam of spine	0.15	0.05	0.05	0.01	0.21	0.21	XXX
72020	TC	A	X-ray exam of spine	0.00	0.39	NA	0.02	0.41	NA	XXX
72040		A	X-ray exam of neck spine	0.22	0.65	NA	0.04	0.91	NA	XXX
72040	26	A	X-ray exam of neck spine	0.22	0.08	0.08	0.01	0.31	0.31	XXX
72040	TC	A	X-ray exam of neck spine	0.00	0.57	NA	0.03	0.60	NA	XXX
72050		A	X-ray exam of neck spine	0.31	0.95	NA	0.07	1.33	NA	XXX
72050	26	A	X-ray exam of neck spine	0.31	0.11	0.11	0.02	0.44	0.44	XXX
72050	TC	A	X-ray exam of neck spine	0.00	0.84	NA	0.05	0.89	NA	XXX
72052		A	X-ray exam of neck spine	0.36	1.20	NA	0.07	1.63	NA	XXX
72052	26	A	X-ray exam of neck spine	0.36	0.13	0.13	0.02	0.51	0.51	XXX
72052	TC	A	X-ray exam of neck spine	0.00	1.07	NA	0.05	1.12	NA	XXX
72069		A	X-ray exam of trunk spine	0.22	0.56	NA	0.04	0.82	NA	XXX
72069	26	A	X-ray exam of trunk spine	0.22	0.09	0.09	0.02	0.33	0.33	XXX
72069	TC	A	X-ray exam of trunk spine	0.00	0.47	NA	0.02	0.49	NA	XXX
72070		A	X-ray exam of thoracic spine	0.22	0.70	NA	0.04	0.96	NA	XXX
72070	26	A	X-ray exam of thoracic spine	0.22	0.08	0.08	0.01	0.31	0.31	XXX
72070	TC	A	X-ray exam of thoracic spine	0.00	0.62	NA	0.03	0.65	NA	XXX
72072		A	X-ray exam of thoracic spine	0.22	0.78	NA	0.05	1.05	NA	XXX
72072	26	A	X-ray exam of thoracic spine	0.22	0.08	0.08	0.01	0.31	0.31	XXX
72072	TC	A	X-ray exam of thoracic spine	0.00	0.70	NA	0.04	0.74	NA	XXX
72074		A	X-ray exam of thoracic spine	0.22	0.94	NA	0.06	1.22	NA	XXX
72074	26	A	X-ray exam of thoracic spine	0.22	0.08	0.08	0.01	0.31	0.31	XXX
72074	TC	A	X-ray exam of thoracic spine	0.00	0.86	NA	0.05	0.91	NA	XXX
72080		A	X-ray exam of trunk spine	0.22	0.71	NA	0.05	0.98	NA	XXX
72080	26	A	X-ray exam of trunk spine	0.22	0.08	0.08	0.02	0.32	0.32	XXX
72080	TC	A	X-ray exam of trunk spine	0.00	0.63	NA	0.03	0.66	NA	XXX
72090		A	X-ray exam of trunk spine	0.28	0.73	NA	0.05	1.06	NA	XXX
72090	26	A	X-ray exam of trunk spine	0.28	0.10	0.10	0.02	0.40	0.40	XXX
72090	TC	A	X-ray exam of trunk spine	0.00	0.63	NA	0.03	0.66	NA	XXX
72100		A	X-ray exam of lower spine	0.22	0.71	NA	0.05	0.98	NA	XXX
72100	26	A	X-ray exam of lower spine	0.22	0.08	0.08	0.02	0.32	0.32	XXX
72100	TC	A	X-ray exam of lower spine	0.00	0.63	NA	0.03	0.66	NA	XXX
72110		A	X-ray exam of lower spine	0.31	0.97	NA	0.07	1.35	NA	XXX
72110	26	A	X-ray exam of lower spine	0.31	0.11	0.11	0.02	0.44	0.44	XXX
72110	TC	A	X-ray exam of lower spine	0.00	0.86	NA	0.05	0.91	NA	XXX
72114		A	X-ray exam of lower spine	0.36	1.26	NA	0.08	1.70	NA	XXX
72114	26	A	X-ray exam of lower spine	0.36	0.13	0.13	0.03	0.52	0.52	XXX
72114	TC	A	X-ray exam of lower spine	0.00	1.13	NA	0.05	1.18	NA	XXX
72120		A	X-ray exam of lower spine	0.22	0.92	NA	0.07	1.21	NA	XXX
72120	26	A	X-ray exam of lower spine	0.22	0.08	0.08	0.02	0.32	0.32	XXX
72120	TC	A	X-ray exam of lower spine	0.00	0.84	NA	0.05	0.89	NA	XXX
72125		A	Ct neck spine w/o dye	1.16	6.02	NA	0.31	7.49	NA	XXX
72125	26	A	Ct neck spine w/o dye	1.16	0.41	0.41	0.05	1.62	1.62	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
72125	TC	A	Ct neck spine w/o dye	0.00	5.61	NA	0.26	5.87	NA	XXX
72126	.....	A	Ct neck spine w/dye	1.22	7.14	NA	0.36	8.72	NA	XXX
72126	26	A	Ct neck spine w/dye	1.22	0.43	0.43	0.05	1.70	1.70	XXX
72126	TC	A	Ct neck spine w/dye	0.00	6.71	NA	0.31	7.02	NA	XXX
72127	.....	A	Ct neck spine w/o&w dye	1.27	8.85	NA	0.44	10.56	NA	XXX
72127	26	A	Ct neck spine w/o&w dye	1.27	0.45	0.45	0.06	1.78	1.78	XXX
72127	TC	A	Ct neck spine w/o&w dye	0.00	8.40	NA	0.38	8.78	NA	XXX
72128	.....	A	Ct chest spine w/o dye	1.16	6.02	NA	0.31	7.49	NA	XXX
72128	26	A	Ct chest spine w/o dye	1.16	0.41	0.41	0.05	1.62	1.62	XXX
72128	TC	A	Ct chest spine w/o dye	0.00	5.61	NA	0.26	5.87	NA	XXX
72129	.....	A	Ct chest spine w/dye	1.22	7.14	NA	0.36	8.72	NA	XXX
72129	26	A	Ct chest spine w/dye	1.22	0.43	0.43	0.05	1.70	1.70	XXX
72129	TC	A	Ct chest spine w/dye	0.00	6.71	NA	0.31	7.02	NA	XXX
72130	.....	A	Ct chest spine w/o&w dye	1.27	8.85	NA	0.44	10.56	NA	XXX
72130	26	A	Ct chest spine w/o&w dye	1.27	0.45	0.45	0.06	1.78	1.78	XXX
72130	TC	A	Ct chest spine w/o&w dye	0.00	8.40	NA	0.38	8.78	NA	XXX
72131	.....	A	Ct lumbar spine w/o dye	1.16	6.02	NA	0.31	7.49	NA	XXX
72131	26	A	Ct lumbar spine w/o dye	1.16	0.41	0.41	0.05	1.62	1.62	XXX
72131	TC	A	Ct lumbar spine w/o dye	0.00	5.61	NA	0.26	5.87	NA	XXX
72132	.....	A	Ct lumbar spine w/dye	1.22	7.14	NA	0.37	8.73	NA	XXX
72132	26	A	Ct lumbar spine w/dye	1.22	0.43	0.43	0.06	1.71	1.71	XXX
72132	TC	A	Ct lumbar spine w/dye	0.00	6.71	NA	0.31	7.02	NA	XXX
72133	.....	A	Ct lumbar spine w/o&w dye	1.27	8.85	NA	0.44	10.56	NA	XXX
72133	26	A	Ct lumbar spine w/o&w dye	1.27	0.45	0.45	0.06	1.78	1.78	XXX
72133	TC	A	Ct lumbar spine w/o&w dye	0.00	8.40	NA	0.38	8.78	NA	XXX
72141	.....	A	Mri neck spine w/o dye	1.60	11.20	NA	0.56	13.36	NA	XXX
72141	26	A	Mri neck spine w/o dye	1.60	0.56	0.56	0.07	2.23	2.23	XXX
72141	TC	A	Mri neck spine w/o dye	0.00	10.64	NA	0.49	11.13	NA	XXX
72142	.....	A	Mri neck spine w/dye	1.92	13.45	NA	0.67	16.04	NA	XXX
72142	26	A	Mri neck spine w/dye	1.92	0.69	0.69	0.09	2.70	2.70	XXX
72142	TC	A	Mri neck spine w/dye	0.00	12.76	NA	0.58	13.34	NA	XXX
72146	.....	A	Mri chest spine w/o dye	1.60	12.38	NA	0.60	14.58	NA	XXX
72146	26	A	Mri chest spine w/o dye	1.60	0.56	0.56	0.07	2.23	2.23	XXX
72146	TC	A	Mri chest spine w/o dye	0.00	11.82	NA	0.53	12.35	NA	XXX
72147	.....	A	Mri chest spine w/dye	1.92	13.44	NA	0.67	16.03	NA	XXX
72147	26	A	Mri chest spine w/dye	1.92	0.68	0.68	0.09	2.69	2.69	XXX
72147	TC	A	Mri chest spine w/dye	0.00	12.76	NA	0.58	13.34	NA	XXX
72148	.....	A	Mri lumbar spine w/o dye	1.48	12.34	NA	0.60	14.42	NA	XXX
72148	26	A	Mri lumbar spine w/o dye	1.48	0.52	0.52	0.07	2.07	2.07	XXX
72148	TC	A	Mri lumbar spine w/o dye	0.00	11.82	NA	0.53	12.35	NA	XXX
72149	.....	A	Mri lumbar spine w/dye	1.78	13.40	NA	0.67	15.85	NA	XXX
72149	26	A	Mri lumbar spine w/dye	1.78	0.64	0.64	0.09	2.51	2.51	XXX
72149	TC	A	Mri lumbar spine w/dye	0.00	12.76	NA	0.58	13.34	NA	XXX
72156	.....	A	Mri neck spine w/o&w dye	2.57	24.55	NA	1.20	28.32	NA	XXX
72156	26	A	Mri neck spine w/o&w dye	2.57	0.91	0.91	0.11	3.59	3.59	XXX
72156	TC	A	Mri neck spine w/o&w dye	0.00	23.64	NA	1.09	24.73	NA	XXX
72157	.....	A	Mri chest spine w/o&w dye	2.57	24.54	NA	1.20	28.31	NA	XXX
72157	26	A	Mri chest spine w/o&w dye	2.57	0.90	0.90	0.11	3.58	3.58	XXX
72157	TC	A	Mri chest spine w/o&w dye	0.00	23.64	NA	1.09	24.73	NA	XXX
72158	.....	A	Mri lumbar spine w/o&w dye	2.36	24.47	NA	1.20	28.03	NA	XXX
72158	26	A	Mri lumbar spine w/o&w dye	2.36	0.83	0.83	0.11	3.30	3.30	XXX
72158	TC	A	Mri lumbar spine w/o&w dye	0.00	23.64	NA	1.09	24.73	NA	XXX
72159	.....	N	Mr angio spine w/o&w dye	+1.80	12.54	NA	0.61	14.95	NA	XXX
72159	26	N	Mr angio spine w/o&w dye	+1.80	0.72	0.72	0.08	2.60	2.60	XXX
72159	TC	N	Mr angio spine w/o&w dye	+0.00	11.82	NA	0.53	12.35	NA	XXX
72170	.....	A	X-ray exam of pelvis	0.17	0.56	NA	0.03	0.76	NA	XXX
72170	26	A	X-ray exam of pelvis	0.17	0.06	0.06	0.01	0.24	0.24	XXX
72170	TC	A	X-ray exam of pelvis	0.00	0.50	NA	0.02	0.52	NA	XXX
72190	.....	A	X-ray exam of pelvis	0.21	0.70	NA	0.04	0.95	NA	XXX
72190	26	A	X-ray exam of pelvis	0.21	0.07	0.07	0.01	0.29	0.29	XXX
72190	TC	A	X-ray exam of pelvis	0.00	0.63	NA	0.03	0.66	NA	XXX
72191	.....	A	Ct angiograph pelv w/o&w dye	1.81	8.78	NA	0.38	10.97	NA	XXX
72191	26	A	Ct angiograph pelv w/o&w dye	1.81	0.72	0.72	0.06	2.59	2.59	XXX
72191	TC	A	Ct angiograph pelv w/o&w dye	0.00	8.06	NA	0.32	8.38	NA	XXX
72192	.....	A	Ct pelvis w/o dye	1.09	5.99	NA	0.31	7.39	NA	XXX
72192	26	A	Ct pelvis w/o dye	1.09	0.38	0.38	0.05	1.52	1.52	XXX
72192	TC	A	Ct pelvis w/o dye	0.00	5.61	NA	0.26	5.87	NA	XXX
72193	.....	A	Ct pelvis w/dye	1.16	6.91	NA	0.35	8.42	NA	XXX
72193	26	A	Ct pelvis w/dye	1.16	0.41	0.41	0.05	1.62	1.62	XXX
72193	TC	A	Ct pelvis w/dye	0.00	6.50	NA	0.30	6.80	NA	XXX
72194	.....	A	Ct pelvis w/o&w dye	1.22	8.49	NA	0.41	10.12	NA	XXX
72194	26	A	Ct pelvis w/o&w dye	1.22	0.43	0.43	0.05	1.70	1.70	XXX
72194	TC	A	Ct pelvis w/o&w dye	0.00	8.06	NA	0.36	8.42	NA	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
72195	.....	A	Mri pelvis w/o dye	1.46	11.15	NA	0.42	13.03	NA	XXX
72195	26	A	Mri pelvis w/o dye	1.46	0.51	0.51	0.05	2.02	2.02	XXX
72195	TC	A	Mri pelvis w/o dye	0.00	10.64	NA	0.37	11.01	NA	XXX
72196	.....	A	Mri pelvis w/dye	1.73	13.36	NA	0.48	15.57	NA	XXX
72196	26	A	Mri pelvis w/dye	1.73	0.60	0.60	0.05	2.38	2.38	XXX
72196	TC	A	Mri pelvis w/dye	0.00	12.76	NA	0.43	13.19	NA	XXX
72197	.....	A	Mri pelvis w/o&w dye	2.26	24.43	NA	0.84	27.53	NA	XXX
72197	26	A	Mri pelvis w/o&w dye	2.26	0.79	0.79	0.08	3.13	3.13	XXX
72197	TC	A	Mri pelvis w/o&w dye	0.00	23.64	NA	0.76	24.40	NA	XXX
72198	.....	N	Mr angio pelvis w/o&w dye	+1.80	11.36	NA	0.57	13.73	NA	XXX
72198	26	N	Mr angio pelvis w/o&w dye	+1.80	0.72	0.72	0.08	2.60	2.60	XXX
72198	TC	N	Mr angio pelvis w/o&w dye	+0.00	10.64	NA	0.49	11.13	NA	XXX
72200	.....	A	X-ray exam sacroiliac joints	0.17	0.56	NA	0.03	0.76	NA	XXX
72200	26	A	X-ray exam sacroiliac joints	0.17	0.06	0.06	0.01	0.24	0.24	XXX
72200	TC	A	X-ray exam sacroiliac joints	0.00	0.50	NA	0.02	0.52	NA	XXX
72202	.....	A	X-ray exam sacroiliac joints	0.19	0.66	NA	0.04	0.89	NA	XXX
72202	26	A	X-ray exam sacroiliac joints	0.19	0.07	0.07	0.01	0.27	0.27	XXX
72202	TC	A	X-ray exam sacroiliac joints	0.00	0.59	NA	0.03	0.62	NA	XXX
72220	.....	A	X-ray exam of tailbone	0.17	0.60	NA	0.04	0.81	NA	XXX
72220	26	A	X-ray exam of tailbone	0.17	0.06	0.06	0.01	0.24	0.24	XXX
72220	TC	A	X-ray exam of tailbone	0.00	0.54	NA	0.03	0.57	NA	XXX
72240	.....	A	Contrast x-ray of neck spine	0.91	4.82	NA	0.25	5.98	NA	XXX
72240	26	A	Contrast x-ray of neck spine	0.91	0.31	0.31	0.04	1.26	1.26	XXX
72240	TC	A	Contrast x-ray of neck spine	0.00	4.51	NA	0.21	4.72	NA	XXX
72255	.....	A	Contrast x-ray, thorax spine	0.91	4.41	NA	0.22	5.54	NA	XXX
72255	26	A	Contrast x-ray, thorax spine	0.91	0.30	0.30	0.04	1.25	1.25	XXX
72255	TC	A	Contrast x-ray, thorax spine	0.00	4.11	NA	0.18	4.29	NA	XXX
72265	.....	A	Contrast x-ray, lower spine	0.83	4.15	NA	0.22	5.20	NA	XXX
72265	26	A	Contrast x-ray, lower spine	0.83	0.28	0.28	0.04	1.15	1.15	XXX
72265	TC	A	Contrast x-ray, lower spine	0.00	3.87	NA	0.18	4.05	NA	XXX
72270	.....	A	Contrast x-ray of spine	1.33	6.25	NA	0.34	7.92	NA	XXX
72270	26	A	Contrast x-ray of spine	1.33	0.46	0.46	0.07	1.86	1.86	XXX
72270	TC	A	Contrast x-ray of spine	0.00	5.79	NA	0.27	6.06	NA	XXX
72275	.....	A	Epidurography	0.76	2.20	NA	0.21	3.17	NA	XXX
72275	26	A	Epidurography	0.76	0.21	0.21	0.03	1.00	1.00	XXX
72275	TC	A	Epidurography	0.00	1.99	NA	0.18	2.17	NA	XXX
72285	.....	A	X-ray c/t spine disk	1.16	8.35	NA	0.42	9.93	NA	XXX
72285	26	A	X-ray c/t spine disk	1.16	0.39	0.39	0.06	1.61	1.61	XXX
72285	TC	A	X-ray c/t spine disk	0.00	7.96	NA	0.36	8.32	NA	XXX
72295	.....	A	X-ray of lower spine disk	0.83	7.76	NA	0.37	8.96	NA	XXX
72295	26	A	X-ray of lower spine disk	0.83	0.29	0.29	0.04	1.16	1.16	XXX
72295	TC	A	X-ray of lower spine disk	0.00	7.47	NA	0.33	7.80	NA	XXX
73000	.....	A	X-ray exam of collar bone	0.16	0.56	NA	0.03	0.75	NA	XXX
73000	26	A	X-ray exam of collar bone	0.16	0.06	0.06	0.01	0.23	0.23	XXX
73000	TC	A	X-ray exam of collar bone	0.00	0.50	NA	0.02	0.52	NA	XXX
73010	.....	A	X-ray exam of shoulder blade	0.17	0.56	NA	0.03	0.76	NA	XXX
73010	26	A	X-ray exam of shoulder blade	0.17	0.06	0.06	0.01	0.24	0.24	XXX
73010	TC	A	X-ray exam of shoulder blade	0.00	0.50	NA	0.02	0.52	NA	XXX
73020	.....	A	X-ray exam of shoulder	0.15	0.50	NA	0.03	0.68	NA	XXX
73020	26	A	X-ray exam of shoulder	0.15	0.05	0.05	0.01	0.21	0.21	XXX
73020	TC	A	X-ray exam of shoulder	0.00	0.45	NA	0.02	0.47	NA	XXX
73030	.....	A	X-ray exam of shoulder	0.18	0.60	NA	0.04	0.82	NA	XXX
73030	26	A	X-ray exam of shoulder	0.18	0.06	0.06	0.01	0.25	0.25	XXX
73030	TC	A	X-ray exam of shoulder	0.00	0.54	NA	0.03	0.57	NA	XXX
73040	.....	A	Contrast x-ray of shoulder	0.54	2.18	NA	0.13	2.85	NA	XXX
73040	26	A	Contrast x-ray of shoulder	0.54	0.19	0.19	0.03	0.76	0.76	XXX
73040	TC	A	Contrast x-ray of shoulder	0.00	1.99	NA	0.10	2.09	NA	XXX
73050	.....	A	X-ray exam of shoulders	0.20	0.70	NA	0.05	0.95	NA	XXX
73050	26	A	X-ray exam of shoulders	0.20	0.07	0.07	0.02	0.29	0.29	XXX
73050	TC	A	X-ray exam of shoulders	0.00	0.63	NA	0.03	0.66	NA	XXX
73060	.....	A	X-ray exam of humerus	0.17	0.60	NA	0.04	0.81	NA	XXX
73060	26	A	X-ray exam of humerus	0.17	0.06	0.06	0.01	0.24	0.24	XXX
73060	TC	A	X-ray exam of humerus	0.00	0.54	NA	0.03	0.57	NA	XXX
73070	.....	A	X-ray exam of elbow	0.15	0.55	NA	0.03	0.73	NA	XXX
73070	26	A	X-ray exam of elbow	0.15	0.05	0.05	0.01	0.21	0.21	XXX
73070	TC	A	X-ray exam of elbow	0.00	0.50	NA	0.02	0.52	NA	XXX
73080	.....	A	X-ray exam of elbow	0.17	0.60	NA	0.04	0.81	NA	XXX
73080	26	A	X-ray exam of elbow	0.17	0.06	0.06	0.01	0.24	0.24	XXX
73080	TC	A	X-ray exam of elbow	0.00	0.54	NA	0.03	0.57	NA	XXX
73085	.....	A	Contrast x-ray of elbow	0.54	2.19	NA	0.13	2.86	NA	XXX
73085	26	A	Contrast x-ray of elbow	0.54	0.20	0.20	0.03	0.77	0.77	XXX
73085	TC	A	Contrast x-ray of elbow	0.00	1.99	NA	0.10	2.09	NA	XXX
73090	.....	A	X-ray exam of forearm	0.16	0.56	NA	0.03	0.75	NA	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
73090	26	A	X-ray exam of forearm	0.16	0.06	0.06	0.01	0.23	0.23	XXX
73090	TC	A	X-ray exam of forearm	0.00	0.50	NA	0.02	0.52	NA	XXX
73092		A	X-ray exam of arm, infant	0.16	0.53	NA	0.03	0.72	NA	XXX
73092	26	A	X-ray exam of arm, infant	0.16	0.06	0.06	0.01	0.23	0.23	XXX
73092	TC	A	X-ray exam of arm, infant	0.00	0.47	NA	0.02	0.49	NA	XXX
73100		A	X-ray exam of wrist	0.16	0.53	NA	0.04	0.73	NA	XXX
73100	26	A	X-ray exam of wrist	0.16	0.06	0.06	0.02	0.24	0.24	XXX
73100	TC	A	X-ray exam of wrist	0.00	0.47	NA	0.02	0.49	NA	XXX
73110		A	X-ray exam of wrist	0.17	0.57	NA	0.03	0.77	NA	XXX
73110	26	A	X-ray exam of wrist	0.17	0.06	0.06	0.01	0.24	0.24	XXX
73110	TC	A	X-ray exam of wrist	0.00	0.51	NA	0.02	0.53	NA	XXX
73115		A	Contrast x-ray of wrist	0.54	1.70	NA	0.11	2.35	NA	XXX
73115	26	A	Contrast x-ray of wrist	0.54	0.20	0.20	0.03	0.77	0.77	XXX
73115	TC	A	Contrast x-ray of wrist	0.00	1.50	NA	0.08	1.58	NA	XXX
73120		A	X-ray exam of hand	0.16	0.53	NA	0.03	0.72	NA	XXX
73120	26	A	X-ray exam of hand	0.16	0.06	0.06	0.01	0.23	0.23	XXX
73120	TC	A	X-ray exam of hand	0.00	0.47	NA	0.02	0.49	NA	XXX
73130		A	X-ray exam of hand	0.17	0.57	NA	0.03	0.77	NA	XXX
73130	26	A	X-ray exam of hand	0.17	0.06	0.06	0.01	0.24	0.24	XXX
73130	TC	A	X-ray exam of hand	0.00	0.51	NA	0.02	0.53	NA	XXX
73140		A	X-ray exam of finger(s)	0.13	0.44	NA	0.03	0.60	NA	XXX
73140	26	A	X-ray exam of finger(s)	0.13	0.05	0.05	0.01	0.19	0.19	XXX
73140	TC	A	X-ray exam of finger(s)	0.00	0.39	NA	0.02	0.41	NA	XXX
73200		A	Ct upper extremity w/o dye	1.09	5.09	NA	0.26	6.44	NA	XXX
73200	26	A	Ct upper extremity w/o dye	1.09	0.38	0.38	0.05	1.52	1.52	XXX
73200	TC	A	Ct upper extremity w/o dye	0.00	4.71	NA	0.21	4.92	NA	XXX
73201		A	Ct upper extremity w/dye	1.16	6.02	NA	0.31	7.49	NA	XXX
73201	26	A	Ct upper extremity w/dye	1.16	0.41	0.41	0.05	1.62	1.62	XXX
73201	TC	A	Ct upper extremity w/dye	0.00	5.61	NA	0.26	5.87	NA	XXX
73202		A	Ct uppr extremity w/o&w dye	1.22	7.48	NA	0.38	9.08	NA	XXX
73202	26	A	Ct uppr extremity w/o&w dye	1.22	0.43	0.43	0.06	1.71	1.71	XXX
73202	TC	A	Ct uppr extremity w/o&w dye	0.00	7.05	NA	0.32	7.37	NA	XXX
73206		A	Ct angio upr extrm w/o&w dye	1.81	7.77	NA	0.38	9.96	NA	XXX
73206	26	A	Ct angio upr extrm w/o&w dye	1.81	0.72	0.72	0.06	2.59	2.59	XXX
73206	TC	A	Ct angio upr extrm w/o&w dye	0.00	7.05	NA	0.32	7.37	NA	XXX
73218		A	Mri upper extremity w/o dye	1.35	11.11	NA	0.36	12.82	NA	XXX
73218	26	A	Mri upper extremity w/o dye	1.35	0.47	0.47	0.04	1.86	1.86	XXX
73218	TC	A	Mri upper extremity w/o dye	0.00	10.64	NA	0.32	10.96	NA	XXX
73219		A	Mri upper extremity w/dye	1.62	13.33	NA	0.44	15.39	NA	XXX
73219	26	A	Mri upper extremity w/dye	1.62	0.57	0.57	0.05	2.24	2.24	XXX
73219	TC	A	Mri upper extremity w/dye	0.00	12.76	NA	0.39	13.15	NA	XXX
73220		A	Mri uppr extremity w/o&w dye	2.15	24.39	NA	0.78	27.32	NA	XXX
73220	26	A	Mri uppr extremity w/o&w dye	2.15	0.75	0.75	0.08	2.98	2.98	XXX
73220	TC	A	Mri uppr extremity w/o&w dye	0.00	23.64	NA	0.70	24.34	NA	XXX
73221		A	Mri joint upr extrem w/o dye	1.35	11.11	NA	0.36	12.82	NA	XXX
73221	26	A	Mri joint upr extrem w/o dye	1.35	0.47	0.47	0.04	1.86	1.86	XXX
73221	TC	A	Mri joint upr extrem w/o dye	0.00	10.64	NA	0.32	10.96	NA	XXX
73222		A	Mri joint upr extrem w/dye	1.62	13.33	NA	0.44	15.39	NA	XXX
73222	26	A	Mri joint upr extrem w/dye	1.62	0.57	0.57	0.05	2.24	2.24	XXX
73222	TC	A	Mri joint upr extrem w/dye	0.00	12.76	NA	0.39	13.15	NA	XXX
73223		A	Mri joint upr extr w/o&w dye	2.15	24.39	NA	0.77	27.31	NA	XXX
73223	26	A	Mri joint upr extr w/o&w dye	2.15	0.75	0.75	0.07	2.97	2.97	XXX
73223	TC	A	Mri joint upr extr w/o&w dye	0.00	23.64	NA	0.70	24.34	NA	XXX
73225		N	Mr angio upr extr w/o&w dye	+1.73	11.33	NA	0.57	13.63	NA	XXX
73225	26	N	Mr angio upr extr w/o&w dye	+1.73	0.69	0.69	0.08	2.50	2.50	XXX
73225	TC	N	Mr angio upr extr w/o&w dye	+0.00	10.64	NA	0.49	11.13	NA	XXX
73500		A	X-ray exam of hip	0.17	0.51	NA	0.03	0.71	NA	XXX
73500	26	A	X-ray exam of hip	0.17	0.06	0.06	0.01	0.24	0.24	XXX
73500	TC	A	X-ray exam of hip	0.00	0.45	NA	0.02	0.47	NA	XXX
73510		A	X-ray exam of hip	0.21	0.61	NA	0.05	0.87	NA	XXX
73510	26	A	X-ray exam of hip	0.21	0.07	0.07	0.02	0.30	0.30	XXX
73510	TC	A	X-ray exam of hip	0.00	0.54	NA	0.03	0.57	NA	XXX
73520		A	X-ray exam of hips	0.26	0.72	NA	0.05	1.03	NA	XXX
73520	26	A	X-ray exam of hips	0.26	0.09	0.09	0.02	0.37	0.37	XXX
73520	TC	A	X-ray exam of hips	0.00	0.63	NA	0.03	0.66	NA	XXX
73525		A	Contrast x-ray of hip	0.54	2.19	NA	0.13	2.86	NA	XXX
73525	26	A	Contrast x-ray of hip	0.54	0.20	0.20	0.03	0.77	0.77	XXX
73525	TC	A	Contrast x-ray of hip	0.00	1.99	NA	0.10	2.09	NA	XXX
73530		A	X-ray exam of hip	0.29	0.60	NA	0.03	0.92	NA	XXX
73530	26	A	X-ray exam of hip	0.29	0.10	0.10	0.01	0.40	0.40	XXX
73530	TC	A	X-ray exam of hip	0.00	0.50	NA	0.02	0.52	NA	XXX
73540		A	X-ray exam of pelvis & hips	0.20	0.61	NA	0.05	0.86	NA	XXX
73540	26	A	X-ray exam of pelvis & hips	0.20	0.07	0.07	0.02	0.29	0.29	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
73540	TC	A	X-ray exam of pelvis & hips	0.00	0.54	NA	0.03	0.57	NA	XXX
73542	.....	A	X-ray exam, sacroiliac joint	0.59	2.16	NA	0.13	2.88	NA	XXX
73542	26	A	X-ray exam, sacroiliac joint	0.59	0.17	0.17	0.03	0.79	0.79	XXX
73542	TC	A	X-ray exam, sacroiliac joint	0.00	1.99	NA	0.10	2.09	NA	XXX
73550	.....	A	X-ray exam of thigh	0.17	0.60	NA	0.04	0.81	NA	XXX
73550	26	A	X-ray exam of thigh	0.17	0.06	0.06	0.01	0.24	0.24	XXX
73550	TC	A	X-ray exam of thigh	0.00	0.54	NA	0.03	0.57	NA	XXX
73560	.....	A	X-ray exam of knee, 1 or 2	0.17	0.56	NA	0.04	0.77	NA	XXX
73560	26	A	X-ray exam of knee, 1 or 2	0.17	0.06	0.06	0.02	0.25	0.25	XXX
73560	TC	A	X-ray exam of knee, 1 or 2	0.00	0.50	NA	0.02	0.52	NA	XXX
73562	.....	A	X-ray exam of knee, 3	0.18	0.60	NA	0.05	0.83	NA	XXX
73562	26	A	X-ray exam of knee, 3	0.18	0.06	0.06	0.02	0.26	0.26	XXX
73562	TC	A	X-ray exam of knee, 3	0.00	0.54	NA	0.03	0.57	NA	XXX
73564	.....	A	X-ray exam, knee, 4 or more	0.22	0.67	NA	0.05	0.94	NA	XXX
73564	26	A	X-ray exam, knee, 4 or more	0.22	0.08	0.08	0.02	0.32	0.32	XXX
73564	TC	A	X-ray exam, knee, 4 or more	0.00	0.59	NA	0.03	0.62	NA	XXX
73565	.....	A	X-ray exam of knees	0.17	0.54	NA	0.04	0.75	NA	XXX
73565	26	A	X-ray exam of knees	0.17	0.07	0.07	0.02	0.26	0.26	XXX
73565	TC	A	X-ray exam of knees	0.00	0.47	NA	0.02	0.49	NA	XXX
73580	.....	A	Contrast x-ray of knee joint	0.54	2.68	NA	0.15	3.37	NA	XXX
73580	26	A	Contrast x-ray of knee joint	0.54	0.19	0.19	0.03	0.76	0.76	XXX
73580	TC	A	Contrast x-ray of knee joint	0.00	2.49	NA	0.12	2.61	NA	XXX
73590	.....	A	X-ray exam of lower leg	0.17	0.56	NA	0.03	0.76	NA	XXX
73590	26	A	X-ray exam of lower leg	0.17	0.06	0.06	0.01	0.24	0.24	XXX
73590	TC	A	X-ray exam of lower leg	0.00	0.50	NA	0.02	0.52	NA	XXX
73592	.....	A	X-ray exam of leg, infant	0.16	0.53	NA	0.03	0.72	NA	XXX
73592	26	A	X-ray exam of leg, infant	0.16	0.06	0.06	0.01	0.23	0.23	XXX
73592	TC	A	X-ray exam of leg, infant	0.00	0.47	NA	0.02	0.49	NA	XXX
73600	.....	A	X-ray exam of ankle	0.16	0.53	NA	0.03	0.72	NA	XXX
73600	26	A	X-ray exam of ankle	0.16	0.06	0.06	0.01	0.23	0.23	XXX
73600	TC	A	X-ray exam of ankle	0.00	0.47	NA	0.02	0.49	NA	XXX
73610	.....	A	X-ray exam of ankle	0.17	0.57	NA	0.03	0.77	NA	XXX
73610	26	A	X-ray exam of ankle	0.17	0.06	0.06	0.01	0.24	0.24	XXX
73610	TC	A	X-ray exam of ankle	0.00	0.51	NA	0.02	0.53	NA	XXX
73615	.....	A	Contrast x-ray of ankle	0.54	2.18	NA	0.13	2.85	NA	XXX
73615	26	A	Contrast x-ray of ankle	0.54	0.19	0.19	0.03	0.76	0.76	XXX
73615	TC	A	Contrast x-ray of ankle	0.00	1.99	NA	0.10	2.09	NA	XXX
73620	.....	A	X-ray exam of foot	0.16	0.53	NA	0.03	0.72	NA	XXX
73620	26	A	X-ray exam of foot	0.16	0.06	0.06	0.01	0.23	0.23	XXX
73620	TC	A	X-ray exam of foot	0.00	0.47	NA	0.02	0.49	NA	XXX
73630	.....	A	X-ray exam of foot	0.17	0.57	NA	0.03	0.77	NA	XXX
73630	26	A	X-ray exam of foot	0.17	0.06	0.06	0.01	0.24	0.24	XXX
73630	TC	A	X-ray exam of foot	0.00	0.51	NA	0.02	0.53	NA	XXX
73650	.....	A	X-ray exam of heel	0.16	0.51	NA	0.03	0.70	NA	XXX
73650	26	A	X-ray exam of heel	0.16	0.06	0.06	0.01	0.23	0.23	XXX
73650	TC	A	X-ray exam of heel	0.00	0.45	NA	0.02	0.47	NA	XXX
73660	.....	A	X-ray exam of toe(s)	0.13	0.44	NA	0.03	0.60	NA	XXX
73660	26	A	X-ray exam of toe(s)	0.13	0.05	0.05	0.01	0.19	0.19	XXX
73660	TC	A	X-ray exam of toe(s)	0.00	0.39	NA	0.02	0.41	NA	XXX
73700	.....	A	Ct lower extremity w/o dye	1.09	5.09	NA	0.26	6.44	NA	XXX
73700	26	A	Ct lower extremity w/o dye	1.09	0.38	0.38	0.05	1.52	1.52	XXX
73700	TC	A	Ct lower extremity w/o dye	0.00	4.71	NA	0.21	4.92	NA	XXX
73701	.....	A	Ct lower extremity w/dye	1.16	6.02	NA	0.31	7.49	NA	XXX
73701	26	A	Ct lower extremity w/dye	1.16	0.41	0.41	0.05	1.62	1.62	XXX
73701	TC	A	Ct lower extremity w/dye	0.00	5.61	NA	0.26	5.87	NA	XXX
73702	.....	A	Ct lwr extremity w/o&w dye	1.22	7.48	NA	0.37	9.07	NA	XXX
73702	26	A	Ct lwr extremity w/o&w dye	1.22	0.43	0.43	0.05	1.70	1.70	XXX
73702	TC	A	Ct lwr extremity w/o&w dye	0.00	7.05	NA	0.32	7.37	NA	XXX
73706	.....	A	Ct angio lwr extr w/o&w dye	1.90	7.81	NA	0.38	10.09	NA	XXX
73706	26	A	Ct angio lwr extr w/o&w dye	1.90	0.76	0.76	0.06	2.72	2.72	XXX
73706	TC	A	Ct angio lwr extr w/o&w dye	0.00	7.05	NA	0.32	7.37	NA	XXX
73718	.....	A	Mri lower extremity w/o dye	1.35	11.11	NA	0.36	12.82	NA	XXX
73718	26	A	Mri lower extremity w/o dye	1.35	0.47	0.47	0.04	1.86	1.86	XXX
73718	TC	A	Mri lower extremity w/o dye	0.00	10.64	NA	0.32	10.96	NA	XXX
73719	.....	A	Mri lower extremity w/dye	1.62	13.32	NA	0.44	15.38	NA	XXX
73719	26	A	Mri lower extremity w/dye	1.62	0.56	0.56	0.05	2.23	2.23	XXX
73719	TC	A	Mri lower extremity w/dye	0.00	12.76	NA	0.39	13.15	NA	XXX
73720	.....	A	Mri lwr extremity w/o&w dye	2.15	24.39	NA	0.78	27.32	NA	XXX
73720	26	A	Mri lwr extremity w/o&w dye	2.15	0.75	0.75	0.08	2.98	2.98	XXX
73720	TC	A	Mri lwr extremity w/o&w dye	0.00	23.64	NA	0.70	24.34	NA	XXX
73721	.....	A	Mri joint of lwr extre w/o d	1.35	11.11	NA	0.36	12.82	NA	XXX
73721	26	A	Mri joint of lwr extre w/o d	1.35	0.47	0.47	0.04	1.86	1.86	XXX
73721	TC	A	Mri joint of lwr extre w/o d	0.00	10.64	NA	0.32	10.96	NA	XXX

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CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
73722	.....	A	Mri joint of lwr extr w/dye	1.62	13.33	NA	0.45	15.40	NA	XXX
73722	26	A	Mri joint of lwr extr w/dye	1.62	0.57	0.57	0.06	2.25	2.25	XXX
73722	TC	A	Mri joint of lwr extr w/dye	0.00	12.76	NA	0.39	13.15	NA	XXX
73723	.....	A	Mri joint lwr extr w/o&w dye	2.15	24.39	NA	0.77	27.31	NA	XXX
73723	26	A	Mri joint lwr extr w/o&w dye	2.15	0.75	0.75	0.07	2.97	2.97	XXX
73723	TC	A	Mri joint lwr extr w/o&w dye	0.00	23.64	NA	0.70	24.34	NA	XXX
73725	.....	R	Mr ang lwr ext w or w/o dye	1.82	11.28	NA	0.57	13.67	NA	XXX
73725	26	R	Mr ang lwr ext w or w/o dye	1.82	0.64	0.64	0.08	2.54	2.54	XXX
73725	TC	R	Mr ang lwr ext w or w/o dye	0.00	10.64	NA	0.49	11.13	NA	XXX
74000	.....	A	X-ray exam of abdomen	0.18	0.56	NA	0.03	0.77	NA	XXX
74000	26	A	X-ray exam of abdomen	0.18	0.06	0.06	0.01	0.25	0.25	XXX
74000	TC	A	X-ray exam of abdomen	0.00	0.50	NA	0.02	0.52	NA	XXX
74010	.....	A	X-ray exam of abdomen	0.23	0.62	NA	0.04	0.89	NA	XXX
74010	26	A	X-ray exam of abdomen	0.23	0.08	0.08	0.01	0.32	0.32	XXX
74010	TC	A	X-ray exam of abdomen	0.00	0.54	NA	0.03	0.57	NA	XXX
74020	.....	A	X-ray exam of abdomen	0.27	0.68	NA	0.04	0.99	NA	XXX
74020	26	A	X-ray exam of abdomen	0.27	0.09	0.09	0.01	0.37	0.37	XXX
74020	TC	A	X-ray exam of abdomen	0.00	0.59	NA	0.03	0.62	NA	XXX
74022	.....	A	X-ray exam series, abdomen	0.32	0.81	NA	0.05	1.18	NA	XXX
74022	26	A	X-ray exam series, abdomen	0.32	0.11	0.11	0.01	0.44	0.44	XXX
74022	TC	A	X-ray exam series, abdomen	0.00	0.70	NA	0.04	0.74	NA	XXX
74150	.....	A	Ct abdomen w/o dye	1.19	5.79	NA	0.30	7.28	NA	XXX
74150	26	A	Ct abdomen w/o dye	1.19	0.42	0.42	0.05	1.66	1.66	XXX
74150	TC	A	Ct abdomen w/o dye	0.00	5.37	NA	0.25	5.62	NA	XXX
74160	.....	A	Ct abdomen w/dye	1.27	6.94	NA	0.36	8.57	NA	XXX
74160	26	A	Ct abdomen w/dye	1.27	0.44	0.44	0.06	1.77	1.77	XXX
74160	TC	A	Ct abdomen w/dye	0.00	6.50	NA	0.30	6.80	NA	XXX
74170	.....	A	Ct abdomen w/o&w dye	1.40	8.55	NA	0.42	10.37	NA	XXX
74170	26	A	Ct abdomen w/o&w dye	1.40	0.49	0.49	0.06	1.95	1.95	XXX
74170	TC	A	Ct abdomen w/o&w dye	0.00	8.06	NA	0.36	8.42	NA	XXX
74175	.....	A	Ct angio abdom w/o&w dye	1.90	8.82	NA	0.38	11.10	NA	XXX
74175	26	A	Ct angio abdom w/o&w dye	1.90	0.76	0.76	0.06	2.72	2.72	XXX
74175	TC	A	Ct angio abdom w/o&w dye	0.00	8.06	NA	0.32	8.38	NA	XXX
74181	.....	A	Mri abdomen w/o dye	1.46	11.15	NA	0.41	13.02	NA	XXX
74181	26	A	Mri abdomen w/o dye	1.46	0.51	0.51	0.04	2.01	2.01	XXX
74181	TC	A	Mri abdomen w/o dye	0.00	10.64	NA	0.37	11.01	NA	XXX
74182	.....	A	Mri abdomen w/dye	1.73	13.36	NA	0.49	15.58	NA	XXX
74182	26	A	Mri abdomen w/dye	1.73	0.60	0.60	0.06	2.39	2.39	XXX
74182	TC	A	Mri abdomen w/dye	0.00	12.76	NA	0.43	13.19	NA	XXX
74183	.....	A	Mri abdomen w/o&w dye	2.26	24.43	NA	0.84	27.53	NA	XXX
74183	26	A	Mri abdomen w/o&w dye	2.26	0.79	0.79	0.08	3.13	3.13	XXX
74183	TC	A	Mri abdomen w/o&w dye	0.00	23.64	NA	0.76	24.40	NA	XXX
74185	.....	R	Mri angio, abdom w or w/o dy	1.80	11.27	NA	0.57	13.64	NA	XXX
74185	26	R	Mri angio, abdom w or w/o dy	1.80	0.63	0.63	0.08	2.51	2.51	XXX
74185	TC	R	Mri angio, abdom w or w/o dy	0.00	10.64	NA	0.49	11.13	NA	XXX
74190	.....	A	X-ray exam of peritoneum	0.48	1.41	NA	0.08	1.97	NA	XXX
74190	26	A	X-ray exam of peritoneum	0.48	0.17	0.17	0.02	0.67	0.67	XXX
74190	TC	A	X-ray exam of peritoneum	0.00	1.24	NA	0.06	1.30	NA	XXX
74210	.....	A	Contrst x-ray exam of throat	0.36	1.26	NA	0.07	1.69	NA	XXX
74210	26	A	Contrst x-ray exam of throat	0.36	0.13	0.13	0.02	0.51	0.51	XXX
74210	TC	A	Contrst x-ray exam of throat	0.00	1.13	NA	0.05	1.18	NA	XXX
74220	.....	A	Contrast x-ray, esophagus	0.46	1.29	NA	0.07	1.82	NA	XXX
74220	26	A	Contrast x-ray, esophagus	0.46	0.16	0.16	0.02	0.64	0.64	XXX
74220	TC	A	Contrast x-ray, esophagus	0.00	1.13	NA	0.05	1.18	NA	XXX
74230	.....	A	Cine/video x-ray, throat/eso	0.53	1.43	NA	0.08	2.04	NA	XXX
74230	26	A	Cine/video x-ray, throat/eso	0.53	0.19	0.19	0.02	0.74	0.74	XXX
74230	TC	A	Cine/video x-ray, throat/eso	0.00	1.24	NA	0.06	1.30	NA	XXX
74235	.....	A	Remove esophagus obstruction	1.19	2.90	NA	0.17	4.26	NA	XXX
74235	26	A	Remove esophagus obstruction	1.19	0.41	0.41	0.05	1.65	1.65	XXX
74235	TC	A	Remove esophagus obstruction	0.00	2.49	NA	0.12	2.61	NA	XXX
74240	.....	A	X-ray exam, upper gi tract	0.69	1.63	NA	0.10	2.42	NA	XXX
74240	26	A	X-ray exam, upper gi tract	0.69	0.24	0.24	0.03	0.96	0.96	XXX
74240	TC	A	X-ray exam, upper gi tract	0.00	1.39	NA	0.07	1.46	NA	XXX
74241	.....	A	X-ray exam, upper gi tract	0.69	1.65	NA	0.10	2.44	NA	XXX
74241	26	A	X-ray exam, upper gi tract	0.69	0.24	0.24	0.03	0.96	0.96	XXX
74241	TC	A	X-ray exam, upper gi tract	0.00	1.41	NA	0.07	1.48	NA	XXX
74245	.....	A	X-ray exam, upper gi tract	0.91	2.58	NA	0.15	3.64	NA	XXX
74245	26	A	X-ray exam, upper gi tract	0.91	0.32	0.32	0.04	1.27	1.27	XXX
74245	TC	A	X-ray exam, upper gi tract	0.00	2.26	NA	0.11	2.37	NA	XXX
74246	.....	A	Contrst x-ray uppr gi tract	0.69	1.80	NA	0.11	2.60	NA	XXX
74246	26	A	Contrst x-ray uppr gi tract	0.69	0.24	0.24	0.03	0.96	0.96	XXX
74246	TC	A	Contrst x-ray uppr gi tract	0.00	1.56	NA	0.08	1.64	NA	XXX
74247	.....	A	Contrst x-ray uppr gi tract	0.69	1.84	NA	0.12	2.65	NA	XXX

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[3] +Indicates RVUs are not used for Medicare payment.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
74247	26	A	Contrst x-ray uppr gi tract	0.69	0.24	0.24	0.03	0.96	0.96	XXX
74247	TC	A	Contrst x-ray uppr gi tract	0.00	1.60	NA	0.09	1.69	NA	XXX
74249	.....	A	Contrst x-ray uppr gi tract	0.91	2.76	NA	0.16	3.83	NA	XXX
74249	26	A	Contrst x-ray uppr gi tract	0.91	0.32	0.32	0.04	1.27	1.27	XXX
74249	TC	A	Contrst x-ray uppr gi tract	0.00	2.44	NA	0.12	2.56	NA	XXX
74250	.....	A	X-ray exam of small bowel	0.47	1.40	NA	0.08	1.95	NA	XXX
74250	26	A	X-ray exam of small bowel	0.47	0.16	0.16	0.02	0.65	0.65	XXX
74250	TC	A	X-ray exam of small bowel	0.00	1.24	NA	0.06	1.30	NA	XXX
74251	.....	A	X-ray exam of small bowel	0.69	1.48	NA	0.09	2.26	NA	XXX
74251	26	A	X-ray exam of small bowel	0.69	0.24	0.24	0.03	0.96	0.96	XXX
74251	TC	A	X-ray exam of small bowel	0.00	1.24	NA	0.06	1.30	NA	XXX
74260	.....	A	X-ray exam of small bowel	0.50	1.58	NA	0.09	2.17	NA	XXX
74260	26	A	X-ray exam of small bowel	0.50	0.17	0.17	0.02	0.69	0.69	XXX
74260	TC	A	X-ray exam of small bowel	0.00	1.41	NA	0.07	1.48	NA	XXX
74270	.....	A	Contrast x-ray exam of colon	0.69	1.86	NA	0.12	2.67	NA	XXX
74270	26	A	Contrast x-ray exam of colon	0.69	0.24	0.24	0.03	0.96	0.96	XXX
74270	TC	A	Contrast x-ray exam of colon	0.00	1.62	NA	0.09	1.71	NA	XXX
74280	.....	A	Contrast x-ray exam of colon	0.99	2.47	NA	0.15	3.61	NA	XXX
74280	26	A	Contrast x-ray exam of colon	0.99	0.35	0.35	0.04	1.38	1.38	XXX
74280	TC	A	Contrast x-ray exam of colon	0.00	2.12	NA	0.11	2.23	NA	XXX
74283	.....	A	Contrast x-ray exam of colon	2.02	3.14	NA	0.21	5.37	NA	XXX
74283	26	A	Contrast x-ray exam of colon	2.02	0.71	0.71	0.09	2.82	2.82	XXX
74283	TC	A	Contrast x-ray exam of colon	0.00	2.43	NA	0.12	2.55	NA	XXX
74290	.....	A	Contrast x-ray, gallbladder	0.32	0.81	NA	0.05	1.18	NA	XXX
74290	26	A	Contrast x-ray, gallbladder	0.32	0.11	0.11	0.01	0.44	0.44	XXX
74290	TC	A	Contrast x-ray, gallbladder	0.00	0.70	NA	0.04	0.74	NA	XXX
74291	.....	A	Contrast x-rays, gallbladder	0.20	0.46	NA	0.03	0.69	NA	XXX
74291	26	A	Contrast x-rays, gallbladder	0.20	0.07	0.07	0.01	0.28	0.28	XXX
74291	TC	A	Contrast x-rays, gallbladder	0.00	0.39	NA	0.02	0.41	NA	XXX
74300	.....	C	X-ray bile ducts/pancreas	0.00	0.00	0.00	0.00	0.00	0.00	XXX
74300	26	A	X-ray bile ducts/pancreas	0.36	0.13	0.13	0.02	0.51	0.51	XXX
74300	TC	C	X-ray bile ducts/pancreas	0.00	0.00	0.00	0.00	0.00	0.00	XXX
74301	.....	C	X-rays at surgery add-on	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
74301	26	A	X-rays at surgery add-on	0.21	0.07	0.07	0.01	0.29	0.29	ZZZ
74301	TC	C	X-rays at surgery add-on	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
74305	.....	A	X-ray bile ducts/pancreas	0.42	0.89	NA	0.06	1.37	NA	XXX
74305	26	A	X-ray bile ducts/pancreas	0.42	0.15	0.15	0.02	0.59	0.59	XXX
74305	TC	A	X-ray bile ducts/pancreas	0.00	0.74	NA	0.04	0.78	NA	XXX
74320	.....	A	Contrast x-ray of bile ducts	0.54	3.18	NA	0.16	3.88	NA	XXX
74320	26	A	Contrast x-ray of bile ducts	0.54	0.19	0.19	0.02	0.75	0.75	XXX
74320	TC	A	Contrast x-ray of bile ducts	0.00	2.99	NA	0.14	3.13	NA	XXX
74327	.....	A	X-ray bile stone removal	0.70	1.91	NA	0.12	2.73	NA	XXX
74327	26	A	X-ray bile stone removal	0.70	0.24	0.24	0.03	0.97	0.97	XXX
74327	TC	A	X-ray bile stone removal	0.00	1.67	NA	0.09	1.76	NA	XXX
74328	.....	A	Xray bile duct endoscopy	0.70	3.24	NA	0.17	4.11	NA	XXX
74328	26	A	Xray bile duct endoscopy	0.70	0.25	0.25	0.03	0.98	0.98	XXX
74328	TC	A	Xray bile duct endoscopy	0.00	2.99	NA	0.14	3.13	NA	XXX
74329	.....	A	X-ray for pancreas endoscopy	0.70	3.24	NA	0.17	4.11	NA	XXX
74329	26	A	X-ray for pancreas endoscopy	0.70	0.25	0.25	0.03	0.98	0.98	XXX
74329	TC	A	X-ray for pancreas endoscopy	0.00	2.99	NA	0.14	3.13	NA	XXX
74330	.....	A	X-ray bile/panc endoscopy	0.90	3.31	NA	0.18	4.39	NA	XXX
74330	26	A	X-ray bile/panc endoscopy	0.90	0.32	0.32	0.04	1.26	1.26	XXX
74330	TC	A	X-ray bile/panc endoscopy	0.00	2.99	NA	0.14	3.13	NA	XXX
74340	.....	A	X-ray guide for GI tube	0.54	2.68	NA	0.14	3.36	NA	XXX
74340	26	A	X-ray guide for GI tube	0.54	0.19	0.19	0.02	0.75	0.75	XXX
74340	TC	A	X-ray guide for GI tube	0.00	2.49	NA	0.12	2.61	NA	XXX
74350	.....	A	X-ray guide, stomach tube	0.76	3.26	NA	0.17	4.19	NA	XXX
74350	26	A	X-ray guide, stomach tube	0.76	0.27	0.27	0.03	1.06	1.06	XXX
74350	TC	A	X-ray guide, stomach tube	0.00	2.99	NA	0.14	3.13	NA	XXX
74355	.....	A	X-ray guide, intestinal tube	0.76	2.75	NA	0.15	3.66	NA	XXX
74355	26	A	X-ray guide, intestinal tube	0.76	0.26	0.26	0.03	1.05	1.05	XXX
74355	TC	A	X-ray guide, intestinal tube	0.00	2.49	NA	0.12	2.61	NA	XXX
74360	.....	A	X-ray guide, GI dilation	0.54	3.18	NA	0.16	3.88	NA	XXX
74360	26	A	X-ray guide, GI dilation	0.54	0.19	0.19	0.02	0.75	0.75	XXX
74360	TC	A	X-ray guide, GI dilation	0.00	2.99	NA	0.14	3.13	NA	XXX
74363	.....	A	X-ray, bile duct dilation	0.88	6.10	NA	0.31	7.29	NA	XXX
74363	26	A	X-ray, bile duct dilation	0.88	0.31	0.31	0.04	1.23	1.23	XXX
74363	TC	A	X-ray, bile duct dilation	0.00	5.79	NA	0.27	6.06	NA	XXX
74400	.....	A	Contrst x-ray, urinary tract	0.49	1.77	NA	0.11	2.37	NA	XXX
74400	26	A	Contrst x-ray, urinary tract	0.49	0.17	0.17	0.02	0.68	0.68	XXX
74400	TC	A	Contrst x-ray, urinary tract	0.00	1.60	NA	0.09	1.69	NA	XXX
74410	.....	A	Contrst x-ray, urinary tract	0.49	2.02	NA	0.11	2.62	NA	XXX
74410	26	A	Contrst x-ray, urinary tract	0.49	0.17	0.17	0.02	0.68	0.68	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
74410	TC	A	Contrst x-ray, urinary tract	0.00	1.85	NA	0.09	1.94	NA	XXX
74415	.....	A	Contrst x-ray, urinary tract	0.49	2.18	NA	0.12	2.79	NA	XXX
74415	26	A	Contrst x-ray, urinary tract	0.49	0.17	0.17	0.02	0.68	0.68	XXX
74415	TC	A	Contrst x-ray, urinary tract	0.00	2.01	NA	0.10	2.11	NA	XXX
74420	.....	A	Contrst x-ray, urinary tract	0.36	2.62	NA	0.14	3.12	NA	XXX
74420	26	A	Contrst x-ray, urinary tract	0.36	0.13	0.13	0.02	0.51	0.51	XXX
74420	TC	A	Contrst x-ray, urinary tract	0.00	2.49	NA	0.12	2.61	NA	XXX
74425	.....	A	Contrst x-ray, urinary tract	0.36	1.37	NA	0.08	1.81	NA	XXX
74425	26	A	Contrst x-ray, urinary tract	0.36	0.13	0.13	0.02	0.51	0.51	XXX
74425	TC	A	Contrst x-ray, urinary tract	0.00	1.24	NA	0.06	1.30	NA	XXX
74430	.....	A	Contrast x-ray, bladder	0.32	1.11	NA	0.07	1.50	NA	XXX
74430	26	A	Contrast x-ray, bladder	0.32	0.11	0.11	0.02	0.45	0.45	XXX
74430	TC	A	Contrast x-ray, bladder	0.00	1.00	NA	0.05	1.05	NA	XXX
74440	.....	A	X-ray, male genital tract	0.38	1.20	NA	0.07	1.65	NA	XXX
74440	26	A	X-ray, male genital tract	0.38	0.13	0.13	0.02	0.53	0.53	XXX
74440	TC	A	X-ray, male genital tract	0.00	1.07	NA	0.05	1.12	NA	XXX
74445	.....	A	X-ray exam of penis	1.14	1.46	NA	0.10	2.70	NA	XXX
74445	26	A	X-ray exam of penis	1.14	0.39	0.39	0.05	1.58	1.58	XXX
74445	TC	A	X-ray exam of penis	0.00	1.07	NA	0.05	1.12	NA	XXX
74450	.....	A	X-ray, urethra/bladder	0.33	1.51	NA	0.09	1.93	NA	XXX
74450	26	A	X-ray, urethra/bladder	0.33	0.12	0.12	0.02	0.47	0.47	XXX
74450	TC	A	X-ray, urethra/bladder	0.00	1.39	NA	0.07	1.46	NA	XXX
74455	.....	A	X-ray, urethra/bladder	0.33	1.61	NA	0.10	2.04	NA	XXX
74455	26	A	X-ray, urethra/bladder	0.33	0.11	0.11	0.02	0.46	0.46	XXX
74455	TC	A	X-ray, urethra/bladder	0.00	1.50	NA	0.08	1.58	NA	XXX
74470	.....	A	X-ray exam of kidney lesion	0.54	1.37	NA	0.08	1.99	NA	XXX
74470	26	A	X-ray exam of kidney lesion	0.54	0.19	0.19	0.02	0.75	0.75	XXX
74470	TC	A	X-ray exam of kidney lesion	0.00	1.18	NA	0.06	1.24	NA	XXX
74475	.....	A	X-ray control, cath insert	0.54	4.06	NA	0.20	4.80	NA	XXX
74475	26	A	X-ray control, cath insert	0.54	0.19	0.19	0.02	0.75	0.75	XXX
74475	TC	A	X-ray control, cath insert	0.00	3.87	NA	0.18	4.05	NA	XXX
74480	.....	A	X-ray control, cath insert	0.54	4.06	NA	0.20	4.80	NA	XXX
74480	26	A	X-ray control, cath insert	0.54	0.19	0.19	0.02	0.75	0.75	XXX
74480	TC	A	X-ray control, cath insert	0.00	3.87	NA	0.18	4.05	NA	XXX
74485	.....	A	X-ray guide, GU dilation	0.54	3.18	NA	0.17	3.89	NA	XXX
74485	26	A	X-ray guide, GU dilation	0.54	0.19	0.19	0.03	0.76	0.76	XXX
74485	TC	A	X-ray guide, GU dilation	0.00	2.99	NA	0.14	3.13	NA	XXX
74710	.....	A	X-ray measurement of pelvis	0.34	1.12	NA	0.07	1.53	NA	XXX
74710	26	A	X-ray measurement of pelvis	0.34	0.12	0.12	0.02	0.48	0.48	XXX
74710	TC	A	X-ray measurement of pelvis	0.00	1.00	NA	0.05	1.05	NA	XXX
74740	.....	A	X-ray, female genital tract	0.38	1.37	NA	0.08	1.83	NA	XXX
74740	26	A	X-ray, female genital tract	0.38	0.13	0.13	0.02	0.53	0.53	XXX
74740	TC	A	X-ray, female genital tract	0.00	1.24	NA	0.06	1.30	NA	XXX
74742	.....	A	X-ray, fallopian tube	0.61	3.23	NA	0.16	4.00	NA	XXX
74742	26	A	X-ray, fallopian tube	0.61	0.24	0.24	0.02	0.87	0.87	XXX
74742	TC	A	X-ray, fallopian tube	0.00	2.99	NA	0.14	3.13	NA	XXX
74775	.....	A	X-ray exam of perineum	0.62	1.62	NA	0.10	2.34	NA	XXX
74775	26	A	X-ray exam of perineum	0.62	0.23	0.23	0.03	0.88	0.88	XXX
74775	TC	A	X-ray exam of perineum	0.00	1.39	NA	0.07	1.46	NA	XXX
75552	.....	A	Heart mri for morph w/o dye	1.60	11.20	NA	0.56	13.36	NA	XXX
75552	26	A	Heart mri for morph w/o dye	1.60	0.56	0.56	0.07	2.23	2.23	XXX
75552	TC	A	Heart mri for morph w/o dye	0.00	10.64	NA	0.49	11.13	NA	XXX
75553	.....	A	Heart mri for morph w/dye	2.00	11.35	NA	0.58	13.93	NA	XXX
75553	26	A	Heart mri for morph w/dye	2.00	0.71	0.71	0.09	2.80	2.80	XXX
75553	TC	A	Heart mri for morph w/dye	0.00	10.64	NA	0.49	11.13	NA	XXX
75554	.....	A	Cardiac MRI/function	1.83	11.33	NA	0.56	13.72	NA	XXX
75554	26	A	Cardiac MRI/function	1.83	0.69	0.69	0.07	2.59	2.59	XXX
75554	TC	A	Cardiac MRI/function	0.00	10.64	NA	0.49	11.13	NA	XXX
75555	.....	A	Cardiac MRI/limited study	1.74	11.32	NA	0.56	13.62	NA	XXX
75555	26	A	Cardiac MRI/limited study	1.74	0.68	0.68	0.07	2.49	2.49	XXX
75555	TC	A	Cardiac MRI/limited study	0.00	10.64	NA	0.49	11.13	NA	XXX
75556	.....	N	Cardiac MRI/flow mapping	0.00	0.00	0.00	0.00	0.00	0.00	XXX
75600	.....	A	Contrast x-ray exam of aorta	0.49	12.16	NA	0.56	13.21	NA	XXX
75600	26	A	Contrast x-ray exam of aorta	0.49	0.20	0.20	0.02	0.71	0.71	XXX
75600	TC	A	Contrast x-ray exam of aorta	0.00	11.96	NA	0.54	12.50	NA	XXX
75605	.....	A	Contrast x-ray exam of aorta	1.14	12.39	NA	0.59	14.12	NA	XXX
75605	26	A	Contrast x-ray exam of aorta	1.14	0.43	0.43	0.05	1.62	1.62	XXX
75605	TC	A	Contrast x-ray exam of aorta	0.00	11.96	NA	0.54	12.50	NA	XXX
75625	.....	A	Contrast x-ray exam of aorta	1.14	12.37	NA	0.59	14.10	NA	XXX
75625	26	A	Contrast x-ray exam of aorta	1.14	0.41	0.41	0.05	1.60	1.60	XXX
75625	TC	A	Contrast x-ray exam of aorta	0.00	11.96	NA	0.54	12.50	NA	XXX
75630	.....	A	X-ray aorta, leg arteries	1.79	13.14	NA	0.65	15.58	NA	XXX
75630	26	A	X-ray aorta, leg arteries	1.79	0.67	0.67	0.08	2.54	2.54	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
75630	TC	A	X-ray aorta, leg arteries	0.00	12.47	NA	0.57	13.04	NA	XXX
75635	.....	A	Ct angio abdominal arteries	2.40	9.02	NA	0.41	11.83	NA	XXX
75635	26	A	Ct angio abdominal arteries	2.40	0.96	0.96	0.09	3.45	3.45	XXX
75635	TC	A	Ct angio abdominal arteries	0.00	8.06	NA	0.32	8.38	NA	XXX
75650	.....	A	Artery x-rays, head & neck	1.49	12.49	NA	0.61	14.59	NA	XXX
75650	26	A	Artery x-rays, head & neck	1.49	0.53	0.53	0.07	2.09	2.09	XXX
75650	TC	A	Artery x-rays, head & neck	0.00	11.96	NA	0.54	12.50	NA	XXX
75658	.....	A	Artery x-rays, arm	1.31	12.44	NA	0.60	14.35	NA	XXX
75658	26	A	Artery x-rays, arm	1.31	0.48	0.48	0.06	1.85	1.85	XXX
75658	TC	A	Artery x-rays, arm	0.00	11.96	NA	0.54	12.50	NA	XXX
75660	.....	A	Artery x-rays, head & neck	1.31	12.44	NA	0.60	14.35	NA	XXX
75660	26	A	Artery x-rays, head & neck	1.31	0.48	0.48	0.06	1.85	1.85	XXX
75660	TC	A	Artery x-rays, head & neck	0.00	11.96	NA	0.54	12.50	NA	XXX
75662	.....	A	Artery x-rays, head & neck	1.66	12.60	NA	0.62	14.88	NA	XXX
75662	26	A	Artery x-rays, head & neck	1.66	0.64	0.64	0.08	2.38	2.38	XXX
75662	TC	A	Artery x-rays, head & neck	0.00	11.96	NA	0.54	12.50	NA	XXX
75665	.....	A	Artery x-rays, head & neck	1.31	12.43	NA	0.61	14.35	NA	XXX
75665	26	A	Artery x-rays, head & neck	1.31	0.47	0.47	0.07	1.85	1.85	XXX
75665	TC	A	Artery x-rays, head & neck	0.00	11.96	NA	0.54	12.50	NA	XXX
75671	.....	A	Artery x-rays, head & neck	1.66	12.55	NA	0.62	14.83	NA	XXX
75671	26	A	Artery x-rays, head & neck	1.66	0.59	0.59	0.08	2.33	2.33	XXX
75671	TC	A	Artery x-rays, head & neck	0.00	11.96	NA	0.54	12.50	NA	XXX
75676	.....	A	Artery x-rays, neck	1.31	12.43	NA	0.61	14.35	NA	XXX
75676	26	A	Artery x-rays, neck	1.31	0.47	0.47	0.07	1.85	1.85	XXX
75676	TC	A	Artery x-rays, neck	0.00	11.96	NA	0.54	12.50	NA	XXX
75680	.....	A	Artery x-rays, neck	1.66	12.55	NA	0.62	14.83	NA	XXX
75680	26	A	Artery x-rays, neck	1.66	0.59	0.59	0.08	2.33	2.33	XXX
75680	TC	A	Artery x-rays, neck	0.00	11.96	NA	0.54	12.50	NA	XXX
75685	.....	A	Artery x-rays, spine	1.31	12.43	NA	0.60	14.34	NA	XXX
75685	26	A	Artery x-rays, spine	1.31	0.47	0.47	0.06	1.84	1.84	XXX
75685	TC	A	Artery x-rays, spine	0.00	11.96	NA	0.54	12.50	NA	XXX
75705	.....	A	Artery x-rays, spine	2.18	12.75	NA	0.65	15.58	NA	XXX
75705	26	A	Artery x-rays, spine	2.18	0.79	0.79	0.11	3.08	3.08	XXX
75705	TC	A	Artery x-rays, spine	0.00	11.96	NA	0.54	12.50	NA	XXX
75710	.....	A	Artery x-rays, arm/leg	1.14	12.38	NA	0.60	14.12	NA	XXX
75710	26	A	Artery x-rays, arm/leg	1.14	0.42	0.42	0.06	1.62	1.62	XXX
75710	TC	A	Artery x-rays, arm/leg	0.00	11.96	NA	0.54	12.50	NA	XXX
75716	.....	A	Artery x-rays, arms/legs	1.31	12.43	NA	0.60	14.34	NA	XXX
75716	26	A	Artery x-rays, arms/legs	1.31	0.47	0.47	0.06	1.84	1.84	XXX
75716	TC	A	Artery x-rays, arms/legs	0.00	11.96	NA	0.54	12.50	NA	XXX
75722	.....	A	Artery x-rays, kidney	1.14	12.39	NA	0.59	14.12	NA	XXX
75722	26	A	Artery x-rays, kidney	1.14	0.43	0.43	0.05	1.62	1.62	XXX
75722	TC	A	Artery x-rays, kidney	0.00	11.96	NA	0.54	12.50	NA	XXX
75724	.....	A	Artery x-rays, kidneys	1.49	12.56	NA	0.59	14.64	NA	XXX
75724	26	A	Artery x-rays, kidneys	1.49	0.60	0.60	0.05	2.14	2.14	XXX
75724	TC	A	Artery x-rays, kidneys	0.00	11.96	NA	0.54	12.50	NA	XXX
75726	.....	A	Artery x-rays, abdomen	1.14	12.36	NA	0.59	14.09	NA	XXX
75726	26	A	Artery x-rays, abdomen	1.14	0.40	0.40	0.05	1.59	1.59	XXX
75726	TC	A	Artery x-rays, abdomen	0.00	11.96	NA	0.54	12.50	NA	XXX
75731	.....	A	Artery x-rays, adrenal gland	1.14	12.36	NA	0.59	14.09	NA	XXX
75731	26	A	Artery x-rays, adrenal gland	1.14	0.40	0.40	0.05	1.59	1.59	XXX
75731	TC	A	Artery x-rays, adrenal gland	0.00	11.96	NA	0.54	12.50	NA	XXX
75733	.....	A	Artery x-rays, adrenals	1.31	12.43	NA	0.60	14.34	NA	XXX
75733	26	A	Artery x-rays, adrenals	1.31	0.47	0.47	0.06	1.84	1.84	XXX
75733	TC	A	Artery x-rays, adrenals	0.00	11.96	NA	0.54	12.50	NA	XXX
75736	.....	A	Artery x-rays, pelvis	1.14	12.37	NA	0.59	14.10	NA	XXX
75736	26	A	Artery x-rays, pelvis	1.14	0.41	0.41	0.05	1.60	1.60	XXX
75736	TC	A	Artery x-rays, pelvis	0.00	11.96	NA	0.54	12.50	NA	XXX
75741	.....	A	Artery x-rays, lung	1.31	12.42	NA	0.60	14.33	NA	XXX
75741	26	A	Artery x-rays, lung	1.31	0.46	0.46	0.06	1.83	1.83	XXX
75741	TC	A	Artery x-rays, lung	0.00	11.96	NA	0.54	12.50	NA	XXX
75743	.....	A	Artery x-rays, lungs	1.66	12.54	NA	0.61	14.81	NA	XXX
75743	26	A	Artery x-rays, lungs	1.66	0.58	0.58	0.07	2.31	2.31	XXX
75743	TC	A	Artery x-rays, lungs	0.00	11.96	NA	0.54	12.50	NA	XXX
75746	.....	A	Artery x-rays, lung	1.14	12.36	NA	0.59	14.09	NA	XXX
75746	26	A	Artery x-rays, lung	1.14	0.40	0.40	0.05	1.59	1.59	XXX
75746	TC	A	Artery x-rays, lung	0.00	11.96	NA	0.54	12.50	NA	XXX
75756	.....	A	Artery x-rays, chest	1.14	12.44	NA	0.58	14.16	NA	XXX
75756	26	A	Artery x-rays, chest	1.14	0.48	0.48	0.04	1.66	1.66	XXX
75756	TC	A	Artery x-rays, chest	0.00	11.96	NA	0.54	12.50	NA	XXX
75774	.....	A	Artery x-ray, each vessel	0.36	12.09	NA	0.56	13.01	NA	ZZZ
75774	26	A	Artery x-ray, each vessel	0.36	0.13	0.13	0.02	0.51	0.51	ZZZ
75774	TC	A	Artery x-ray, each vessel	0.00	11.96	NA	0.54	12.50	NA	ZZZ

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
75790	.....	A	Visualize A-V shunt	1.84	1.93	NA	0.16	3.93	NA	XXX
75790	26	A	Visualize A-V shunt	1.84	0.64	0.64	0.09	2.57	2.57	XXX
75790	TC	A	Visualize A-V shunt	0.00	1.29	NA	0.07	1.36	NA	XXX
75801	.....	A	Lymph vessel x-ray, arm/leg	0.81	5.42	NA	0.29	6.52	NA	XXX
75801	26	A	Lymph vessel x-ray, arm/leg	0.81	0.28	0.28	0.05	1.14	1.14	XXX
75801	TC	A	Lymph vessel x-ray, arm/leg	0.00	5.14	NA	0.24	5.38	NA	XXX
75803	.....	A	Lymph vessel x-ray,arms/legs	1.17	5.55	NA	0.29	7.01	NA	XXX
75803	26	A	Lymph vessel x-ray,arms/legs	1.17	0.41	0.41	0.05	1.63	1.63	XXX
75803	TC	A	Lymph vessel x-ray,arms/legs	0.00	5.14	NA	0.24	5.38	NA	XXX
75805	.....	A	Lymph vessel x-ray, trunk	0.81	6.08	NA	0.31	7.20	NA	XXX
75805	26	A	Lymph vessel x-ray, trunk	0.81	0.29	0.29	0.04	1.14	1.14	XXX
75805	TC	A	Lymph vessel x-ray, trunk	0.00	5.79	NA	0.27	6.06	NA	XXX
75807	.....	A	Lymph vessel x-ray, trunk	1.17	6.20	NA	0.32	7.69	NA	XXX
75807	26	A	Lymph vessel x-ray, trunk	1.17	0.41	0.41	0.05	1.63	1.63	XXX
75807	TC	A	Lymph vessel x-ray, trunk	0.00	5.79	NA	0.27	6.06	NA	XXX
75809	.....	A	Nonvascular shunt, x-ray	0.47	0.91	NA	0.06	1.44	NA	XXX
75809	26	A	Nonvascular shunt, x-ray	0.47	0.17	0.17	0.02	0.66	0.66	XXX
75809	TC	A	Nonvascular shunt, x-ray	0.00	0.74	NA	0.04	0.78	NA	XXX
75810	.....	A	Vein x-ray, spleen/liver	1.14	12.36	NA	0.60	14.10	NA	XXX
75810	26	A	Vein x-ray, spleen/liver	1.14	0.40	0.40	0.06	1.60	1.60	XXX
75810	TC	A	Vein x-ray, spleen/liver	0.00	11.96	NA	0.54	12.50	NA	XXX
75820	.....	A	Vein x-ray, arm/leg	0.70	1.15	NA	0.08	1.93	NA	XXX
75820	26	A	Vein x-ray, arm/leg	0.70	0.25	0.25	0.03	0.98	0.98	XXX
75820	TC	A	Vein x-ray, arm/leg	0.00	0.90	NA	0.05	0.95	NA	XXX
75822	.....	A	Vein x-ray, arms/legs	1.06	1.77	NA	0.12	2.95	NA	XXX
75822	26	A	Vein x-ray, arms/legs	1.06	0.37	0.37	0.05	1.48	1.48	XXX
75822	TC	A	Vein x-ray, arms/legs	0.00	1.40	NA	0.07	1.47	NA	XXX
75825	.....	A	Vein x-ray, trunk	1.14	12.36	NA	0.60	14.10	NA	XXX
75825	26	A	Vein x-ray, trunk	1.14	0.40	0.40	0.06	1.60	1.60	XXX
75825	TC	A	Vein x-ray, trunk	0.00	11.96	NA	0.54	12.50	NA	XXX
75827	.....	A	Vein x-ray, chest	1.14	12.36	NA	0.59	14.09	NA	XXX
75827	26	A	Vein x-ray, chest	1.14	0.40	0.40	0.05	1.59	1.59	XXX
75827	TC	A	Vein x-ray, chest	0.00	11.96	NA	0.54	12.50	NA	XXX
75831	.....	A	Vein x-ray, kidney	1.14	12.36	NA	0.59	14.09	NA	XXX
75831	26	A	Vein x-ray, kidney	1.14	0.40	0.40	0.05	1.59	1.59	XXX
75831	TC	A	Vein x-ray, kidney	0.00	11.96	NA	0.54	12.50	NA	XXX
75833	.....	A	Vein x-ray, kidneys	1.49	12.49	NA	0.61	14.59	NA	XXX
75833	26	A	Vein x-ray, kidneys	1.49	0.53	0.53	0.07	2.09	2.09	XXX
75833	TC	A	Vein x-ray, kidneys	0.00	11.96	NA	0.54	12.50	NA	XXX
75840	.....	A	Vein x-ray, adrenal gland	1.14	12.38	NA	0.61	14.13	NA	XXX
75840	26	A	Vein x-ray, adrenal gland	1.14	0.42	0.42	0.07	1.63	1.63	XXX
75840	TC	A	Vein x-ray, adrenal gland	0.00	11.96	NA	0.54	12.50	NA	XXX
75842	.....	A	Vein x-ray, adrenal glands	1.49	12.48	NA	0.61	14.58	NA	XXX
75842	26	A	Vein x-ray, adrenal glands	1.49	0.52	0.52	0.07	2.08	2.08	XXX
75842	TC	A	Vein x-ray, adrenal glands	0.00	11.96	NA	0.54	12.50	NA	XXX
75860	.....	A	Vein x-ray, neck	1.14	12.39	NA	0.60	14.13	NA	XXX
75860	26	A	Vein x-ray, neck	1.14	0.43	0.43	0.06	1.63	1.63	XXX
75860	TC	A	Vein x-ray, neck	0.00	11.96	NA	0.54	12.50	NA	XXX
75870	.....	A	Vein x-ray, skull	1.14	12.38	NA	0.60	14.12	NA	XXX
75870	26	A	Vein x-ray, skull	1.14	0.42	0.42	0.06	1.62	1.62	XXX
75870	TC	A	Vein x-ray, skull	0.00	11.96	NA	0.54	12.50	NA	XXX
75872	.....	A	Vein x-ray, skull	1.14	12.36	NA	0.59	14.09	NA	XXX
75872	26	A	Vein x-ray, skull	1.14	0.40	0.40	0.05	1.59	1.59	XXX
75872	TC	A	Vein x-ray, skull	0.00	11.96	NA	0.54	12.50	NA	XXX
75880	.....	A	Vein x-ray, eye socket	0.70	1.17	NA	0.08	1.95	NA	XXX
75880	26	A	Vein x-ray, eye socket	0.70	0.27	0.27	0.03	1.00	1.00	XXX
75880	TC	A	Vein x-ray, eye socket	0.00	0.90	NA	0.05	0.95	NA	XXX
75885	.....	A	Vein x-ray, liver	1.44	12.46	NA	0.60	14.50	NA	XXX
75885	26	A	Vein x-ray, liver	1.44	0.50	0.50	0.06	2.00	2.00	XXX
75885	TC	A	Vein x-ray, liver	0.00	11.96	NA	0.54	12.50	NA	XXX
75887	.....	A	Vein x-ray, liver	1.44	12.46	NA	0.60	14.50	NA	XXX
75887	26	A	Vein x-ray, liver	1.44	0.50	0.50	0.06	2.00	2.00	XXX
75887	TC	A	Vein x-ray, liver	0.00	11.96	NA	0.54	12.50	NA	XXX
75889	.....	A	Vein x-ray, liver	1.14	12.36	NA	0.59	14.09	NA	XXX
75889	26	A	Vein x-ray, liver	1.14	0.40	0.40	0.05	1.59	1.59	XXX
75889	TC	A	Vein x-ray, liver	0.00	11.96	NA	0.54	12.50	NA	XXX
75891	.....	A	Vein x-ray, liver	1.14	12.36	NA	0.59	14.09	NA	XXX
75891	26	A	Vein x-ray, liver	1.14	0.40	0.40	0.05	1.59	1.59	XXX
75891	TC	A	Vein x-ray, liver	0.00	11.96	NA	0.54	12.50	NA	XXX
75893	.....	A	Venous sampling by catheter	0.54	12.15	NA	0.56	13.25	NA	XXX
75893	26	A	Venous sampling by catheter	0.54	0.19	0.19	0.02	0.75	0.75	XXX
75893	TC	A	Venous sampling by catheter	0.00	11.96	NA	0.54	12.50	NA	XXX
75894	.....	A	X-rays, transcath therapy	1.31	23.38	NA	1.12	25.81	NA	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
75894	26	A	X-rays, transcath therapy	1.31	0.46	0.46	0.07	1.84	1.84	XXX
75894	TC	A	X-rays, transcath therapy	0.00	22.92	NA	1.05	23.97	NA	XXX
75896	.....	A	X-rays, transcath therapy	1.31	20.42	NA	0.97	22.70	NA	XXX
75896	26	A	X-rays, transcath therapy	1.31	0.48	0.48	0.06	1.85	1.85	XXX
75896	TC	A	X-rays, transcath therapy	0.00	19.94	NA	0.91	20.85	NA	XXX
75898	.....	A	Follow-up angiography	1.65	1.60	NA	0.12	3.37	NA	XXX
75898	26	A	Follow-up angiography	1.65	0.60	0.60	0.07	2.32	2.32	XXX
75898	TC	A	Follow-up angiography	0.00	1.00	NA	0.05	1.05	NA	XXX
75900	.....	A	Arterial catheter exchange	0.49	20.09	NA	0.94	21.52	NA	XXX
75900	26	A	Arterial catheter exchange	0.49	0.17	0.17	0.02	0.68	0.68	XXX
75900	TC	A	Arterial catheter exchange	0.00	19.92	NA	0.92	20.84	NA	XXX
75940	.....	A	X-ray placement, vein filter	0.54	12.15	NA	0.57	13.26	NA	XXX
75940	26	A	X-ray placement, vein filter	0.54	0.19	0.19	0.03	0.76	0.76	XXX
75940	TC	A	X-ray placement, vein filter	0.00	11.96	NA	0.54	12.50	NA	XXX
75945	.....	A	Intravascular us	0.40	4.48	NA	0.23	5.11	NA	XXX
75945	26	A	Intravascular us	0.40	0.15	0.15	0.03	0.58	0.58	XXX
75945	TC	A	Intravascular us	0.00	4.33	NA	0.20	4.53	NA	XXX
75946	.....	A	Intravascular us add-on	0.40	2.32	NA	0.14	2.86	NA	ZZZ
75946	26	A	Intravascular us add-on	0.40	0.14	0.14	0.03	0.57	0.57	ZZZ
75946	TC	A	Intravascular us add-on	0.00	2.18	NA	0.11	2.29	NA	ZZZ
75952	.....	C	Endovasc repair abdom aorta	+0.00	0.00	0.00	0.00	0.00	0.00	XXX
75952	26	A	Endovasc repair abdom aorta	4.50	1.80	1.80	0.68	6.98	6.98	XXX
75952	TC	C	Endovasc repair abdom aorta	0.00	0.00	0.00	0.00	0.00	0.00	XXX
75953	.....	C	Abdom aneurysm endovas rpr	+0.00	0.00	0.00	0.00	0.00	0.00	XXX
75953	26	A	Abdom aneurysm endovas rpr	1.36	0.54	0.54	0.68	2.58	2.58	XXX
75953	TC	C	Abdom aneurysm endovas rpr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
75960	.....	A	Transcatheter intro, stent	0.82	14.45	NA	0.68	15.95	NA	XXX
75960	26	A	Transcatheter intro, stent	0.82	0.30	0.30	0.04	1.16	1.16	XXX
75960	TC	A	Transcatheter intro, stent	0.00	14.15	NA	0.64	14.79	NA	XXX
75961	.....	A	Retrieval, broken catheter	4.25	11.46	NA	0.64	16.35	NA	XXX
75961	26	A	Retrieval, broken catheter	4.25	1.49	1.49	0.18	5.92	5.92	XXX
75961	TC	A	Retrieval, broken catheter	0.00	9.97	NA	0.46	10.43	NA	XXX
75962	.....	A	Repair arterial blockage	0.54	15.15	NA	0.72	16.41	NA	XXX
75962	26	A	Repair arterial blockage	0.54	0.20	0.20	0.03	0.77	0.77	XXX
75962	TC	A	Repair arterial blockage	0.00	14.95	NA	0.69	15.64	NA	XXX
75964	.....	A	Repair artery blockage, each	0.36	8.10	NA	0.38	8.84	NA	ZZZ
75964	26	A	Repair artery blockage, each	0.36	0.13	0.13	0.02	0.51	0.51	ZZZ
75964	TC	A	Repair artery blockage, each	0.00	7.97	NA	0.36	8.33	NA	ZZZ
75966	.....	A	Repair arterial blockage	1.31	15.45	NA	0.75	17.51	NA	XXX
75966	26	A	Repair arterial blockage	1.31	0.50	0.50	0.06	1.87	1.87	XXX
75966	TC	A	Repair arterial blockage	0.00	14.95	NA	0.69	15.64	NA	XXX
75968	.....	A	Repair artery blockage, each	0.36	8.11	NA	0.37	8.84	NA	ZZZ
75968	26	A	Repair artery blockage, each	0.36	0.14	0.14	0.01	0.51	0.51	ZZZ
75968	TC	A	Repair artery blockage, each	0.00	7.97	NA	0.36	8.33	NA	ZZZ
75970	.....	A	Vascular biopsy	0.83	11.26	NA	0.54	12.63	NA	XXX
75970	26	A	Vascular biopsy	0.83	0.30	0.30	0.04	1.17	1.17	XXX
75970	TC	A	Vascular biopsy	0.00	10.96	NA	0.50	11.46	NA	XXX
75978	.....	A	Repair venous blockage	0.54	15.14	NA	0.71	16.39	NA	XXX
75978	26	A	Repair venous blockage	0.54	0.19	0.19	0.02	0.75	0.75	XXX
75978	TC	A	Repair venous blockage	0.00	14.95	NA	0.69	15.64	NA	XXX
75980	.....	A	Contrast xray exam bile duct	1.44	5.64	NA	0.30	7.38	NA	XXX
75980	26	A	Contrast xray exam bile duct	1.44	0.50	0.50	0.06	2.00	2.00	XXX
75980	TC	A	Contrast xray exam bile duct	0.00	5.14	NA	0.24	5.38	NA	XXX
75982	.....	A	Contrast xray exam bile duct	1.44	6.29	NA	0.33	8.06	NA	XXX
75982	26	A	Contrast xray exam bile duct	1.44	0.50	0.50	0.06	2.00	2.00	XXX
75982	TC	A	Contrast xray exam bile duct	0.00	5.79	NA	0.27	6.06	NA	XXX
75984	.....	A	Xray control catheter change	0.72	2.10	NA	0.12	2.94	NA	XXX
75984	26	A	Xray control catheter change	0.72	0.25	0.25	0.03	1.00	1.00	XXX
75984	TC	A	Xray control catheter change	0.00	1.85	NA	0.09	1.94	NA	XXX
75989	.....	A	Abscess drainage under x-ray	1.19	3.41	NA	0.19	4.79	NA	XXX
75989	26	A	Abscess drainage under x-ray	1.19	0.42	0.42	0.05	1.66	1.66	XXX
75989	TC	A	Abscess drainage under x-ray	0.00	2.99	NA	0.14	3.13	NA	XXX
75992	.....	A	Atherectomy, x-ray exam	0.54	15.15	NA	0.71	16.40	NA	XXX
75992	26	A	Atherectomy, x-ray exam	0.54	0.20	0.20	0.02	0.76	0.76	XXX
75992	TC	A	Atherectomy, x-ray exam	0.00	14.95	NA	0.69	15.64	NA	XXX
75993	.....	A	Atherectomy, x-ray exam	0.36	8.11	NA	0.37	8.84	NA	ZZZ
75993	26	A	Atherectomy, x-ray exam	0.36	0.14	0.14	0.01	0.51	0.51	ZZZ
75993	TC	A	Atherectomy, x-ray exam	0.00	7.97	NA	0.36	8.33	NA	ZZZ
75994	.....	A	Atherectomy, x-ray exam	1.31	15.45	NA	0.75	17.51	NA	XXX
75994	26	A	Atherectomy, x-ray exam	1.31	0.50	0.50	0.06	1.87	1.87	XXX
75994	TC	A	Atherectomy, x-ray exam	0.00	14.95	NA	0.69	15.64	NA	XXX
75995	.....	A	Atherectomy, x-ray exam	1.31	15.42	NA	0.75	17.48	NA	XXX
75995	26	A	Atherectomy, x-ray exam	1.31	0.47	0.47	0.06	1.84	1.84	XXX

[3] +Indicates RVUs are not used for Medicare payment.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
75995	TC	A	Atherectomy, x-ray exam	0.00	14.95	NA	0.69	15.64	NA	XXX
75996	.....	A	Atherectomy, x-ray exam	0.36	8.09	NA	0.37	8.82	NA	ZZZ
75996	26	A	Atherectomy, x-ray exam	0.36	0.12	0.12	0.01	0.49	0.49	ZZZ
75996	TC	A	Atherectomy, x-ray exam	0.00	7.97	NA	0.36	8.33	NA	ZZZ
76000	.....	A	Fluoroscope examination	0.17	1.31	NA	0.07	1.55	NA	XXX
76000	26	A	Fluoroscope examination	0.17	0.07	0.07	0.01	0.25	0.25	XXX
76000	TC	A	Fluoroscope examination	0.00	1.24	NA	0.06	1.30	NA	XXX
76001	.....	A	Fluoroscope exam, extensive	0.67	2.73	NA	0.15	3.55	NA	XXX
76001	26	A	Fluoroscope exam, extensive	0.67	0.24	0.24	0.03	0.94	0.94	XXX
76001	TC	A	Fluoroscope exam, extensive	0.00	2.49	NA	0.12	2.61	NA	XXX
76003	.....	A	Needle localization by x-ray	0.54	1.43	NA	0.09	2.06	NA	XXX
76003	26	A	Needle localization by x-ray	0.54	0.19	0.19	0.03	0.76	0.76	XXX
76003	TC	A	Needle localization by x-ray	0.00	1.24	NA	0.06	1.30	NA	XXX
76005	.....	A	Fluoroguide for spine inject	0.60	1.41	NA	0.09	2.10	NA	XXX
76005	26	A	Fluoroguide for spine inject	0.60	0.17	0.17	0.03	0.80	0.80	XXX
76005	TC	A	Fluoroguide for spine inject	0.00	1.24	NA	0.06	1.30	NA	XXX
76006	.....	A	X-ray stress view	0.41	0.20	0.20	0.04	0.65	0.65	XXX
76010	.....	A	X-ray, nose to rectum	0.18	0.56	NA	0.03	0.77	NA	XXX
76010	26	A	X-ray, nose to rectum	0.18	0.06	0.06	0.01	0.25	0.25	XXX
76010	TC	A	X-ray, nose to rectum	0.00	0.50	NA	0.02	0.52	NA	XXX
76012	.....	C	Percut vertebroplasty fluor	+0.00	0.00	0.00	0.00	0.00	0.00	XXX
76012	26	A	Percut vertebroplasty fluor	1.31	0.52	0.52	0.23	2.06	2.06	XXX
76012	TC	C	Percut vertebroplasty fluor	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76013	.....	C	Percut vertebroplasty, ct	+0.00	0.00	0.00	0.00	0.00	0.00	XXX
76013	26	A	Percut vertebroplasty, ct	1.38	0.55	0.55	0.48	2.41	2.41	XXX
76013	TC	C	Percut vertebroplasty, ct	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76020	.....	A	X-rays for bone age	0.19	0.57	NA	0.03	0.79	NA	XXX
76020	26	A	X-rays for bone age	0.19	0.07	0.07	0.01	0.27	0.27	XXX
76020	TC	A	X-rays for bone age	0.00	0.50	NA	0.02	0.52	NA	XXX
76040	.....	A	X-rays, bone evaluation	0.27	0.84	NA	0.07	1.18	NA	XXX
76040	26	A	X-rays, bone evaluation	0.27	0.10	0.10	0.03	0.40	0.40	XXX
76040	TC	A	X-rays, bone evaluation	0.00	0.74	NA	0.04	0.78	NA	XXX
76061	.....	A	X-rays, bone survey	0.45	1.11	NA	0.07	1.63	NA	XXX
76061	26	A	X-rays, bone survey	0.45	0.16	0.16	0.02	0.63	0.63	XXX
76061	TC	A	X-rays, bone survey	0.00	0.95	NA	0.05	1.00	NA	XXX
76062	.....	A	X-rays, bone survey	0.54	1.56	NA	0.09	2.19	NA	XXX
76062	26	A	X-rays, bone survey	0.54	0.19	0.19	0.02	0.75	0.75	XXX
76062	TC	A	X-rays, bone survey	0.00	1.37	NA	0.07	1.44	NA	XXX
76065	.....	A	X-rays, bone evaluation	0.70	0.95	NA	0.05	1.70	NA	XXX
76065	26	A	X-rays, bone evaluation	0.70	0.25	0.25	0.01	0.96	0.96	XXX
76065	TC	A	X-rays, bone evaluation	0.00	0.70	NA	0.04	0.74	NA	XXX
76066	.....	A	Joint survey, single view	0.31	1.17	NA	0.07	1.55	NA	XXX
76066	26	A	Joint survey, single view	0.31	0.11	0.11	0.02	0.44	0.44	XXX
76066	TC	A	Joint survey, single view	0.00	1.06	NA	0.05	1.11	NA	XXX
76070	.....	I	CT scan, bone density study	+0.25	2.90	NA	0.14	3.29	NA	XXX
76070	26	I	CT scan, bone density study	+0.25	0.10	0.10	0.01	0.36	0.36	XXX
76070	TC	I	CT scan, bone density study	+0.00	2.80	NA	0.13	2.93	NA	XXX
76075	.....	A	Us exam, abdom, limited	0.30	3.05	NA	0.15	3.50	NA	XXX
76075	26	A	Us exam, abdom, limited	0.30	0.11	0.11	0.01	0.42	0.42	XXX
76075	TC	A	Us exam, abdom, limited	0.00	2.94	NA	0.14	3.08	NA	XXX
76076	.....	A	Dual energy x-ray study	0.22	0.80	NA	0.05	1.07	NA	XXX
76076	26	A	Dual energy x-ray study	0.22	0.08	0.08	0.01	0.31	0.31	XXX
76076	TC	A	Dual energy x-ray study	0.00	0.72	NA	0.04	0.76	NA	XXX
76078	.....	A	Radiographic absorptiometry	0.20	0.80	NA	0.05	1.05	NA	XXX
76078	26	A	Radiographic absorptiometry	0.20	0.08	0.08	0.01	0.29	0.29	XXX
76078	TC	A	Radiographic absorptiometry	0.00	0.72	NA	0.04	0.76	NA	XXX
76080	.....	A	X-ray exam of fistula	0.54	1.19	NA	0.07	1.80	NA	XXX
76080	26	A	X-ray exam of fistula	0.54	0.19	0.19	0.02	0.75	0.75	XXX
76080	TC	A	X-ray exam of fistula	0.00	1.00	NA	0.05	1.05	NA	XXX
76085	.....	A	Computer mammogram add-on	0.06	0.31	NA	0.02	0.39	NA	ZZZ
76085	26	A	Computer mammogram add-on	0.06	0.02	0.02	0.01	0.09	0.09	ZZZ
76085	TC	A	Computer mammogram add-on	0.00	0.29	NA	0.01	0.30	NA	XXX
76086	.....	A	X-ray of mammary duct	0.36	2.62	NA	0.14	3.12	NA	XXX
76086	26	A	X-ray of mammary duct	0.36	0.13	0.13	0.02	0.51	0.51	XXX
76086	TC	A	X-ray of mammary duct	0.00	2.49	NA	0.12	2.61	NA	XXX
76088	.....	A	X-ray of mammary ducts	0.45	3.64	NA	0.18	4.27	NA	XXX
76088	26	A	X-ray of mammary ducts	0.45	0.16	0.16	0.02	0.63	0.63	XXX
76088	TC	A	X-ray of mammary ducts	0.00	3.48	NA	0.16	3.64	NA	XXX
76090	.....	A	Mammogram, one breast	0.70	1.25	NA	0.08	2.03	NA	XXX
76090	26	A	Mammogram, one breast	0.70	0.25	0.25	0.03	0.98	0.98	XXX
76090	TC	A	Mammogram, one breast	0.00	1.00	NA	0.05	1.05	NA	XXX
76091	.....	A	Mammogram, both breasts	0.87	1.54	NA	0.09	2.50	NA	XXX
76091	26	A	Mammogram, both breasts	0.87	0.30	0.30	0.03	1.20	1.20	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] +Indicates RVUs are not used for Medicare payment.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
76091	TC	A	Mammogram, both breasts	0.00	1.24	NA	0.06	1.30	NA	XXX
76092	.....	A	Mammogram, screening	0.70	1.44	NA	0.09	2.23	NA	XXX
76092	26	A	Mammogram, screening	0.70	0.25	0.25	0.03	0.98	0.98	XXX
76092	TC	A	Mammogram, screening	0.00	1.19	NA	0.06	1.25	NA	XXX
76093	.....	A	Magnetic image, breast	1.63	17.31	NA	0.83	19.77	NA	XXX
76093	26	A	Magnetic image, breast	1.63	0.57	0.57	0.07	2.27	2.27	XXX
76093	TC	A	Magnetic image, breast	0.00	16.74	NA	0.76	17.50	NA	XXX
76094	.....	A	Magnetic image, both breasts	1.63	23.28	NA	1.10	26.01	NA	XXX
76094	26	A	Magnetic image, both breasts	1.63	0.57	0.57	0.07	2.27	2.27	XXX
76094	TC	A	Magnetic image, both breasts	0.00	22.71	NA	1.03	23.74	NA	XXX
76095	.....	A	Stereotactic breast biopsy	1.59	7.36	NA	0.40	9.35	NA	XXX
76095	26	A	Stereotactic breast biopsy	1.59	0.56	0.56	0.09	2.24	2.24	XXX
76095	TC	A	Stereotactic breast biopsy	0.00	6.80	NA	0.31	7.11	NA	XXX
76096	.....	A	X-ray of needle wire, breast	0.56	1.44	NA	0.09	2.09	NA	XXX
76096	26	A	X-ray of needle wire, breast	0.56	0.20	0.20	0.03	0.79	0.79	XXX
76096	TC	A	X-ray of needle wire, breast	0.00	1.24	NA	0.06	1.30	NA	XXX
76098	.....	A	X-ray exam, breast specimen	0.16	0.45	NA	0.03	0.64	NA	XXX
76098	26	A	X-ray exam, breast specimen	0.16	0.06	0.06	0.01	0.23	0.23	XXX
76098	TC	A	X-ray exam, breast specimen	0.00	0.39	NA	0.02	0.41	NA	XXX
76100	.....	A	X-ray exam of body section	0.58	1.38	NA	0.09	2.05	NA	XXX
76100	26	A	X-ray exam of body section	0.58	0.20	0.20	0.03	0.81	0.81	XXX
76100	TC	A	X-ray exam of body section	0.00	1.18	NA	0.06	1.24	NA	XXX
76101	.....	A	Complex body section x-ray	0.58	1.55	NA	0.10	2.23	NA	XXX
76101	26	A	Complex body section x-ray	0.58	0.20	0.20	0.03	0.81	0.81	XXX
76101	TC	A	Complex body section x-ray	0.00	1.35	NA	0.07	1.42	NA	XXX
76102	.....	A	Complex body section x-rays	0.58	1.84	NA	0.12	2.54	NA	XXX
76102	26	A	Complex body section x-rays	0.58	0.20	0.20	0.03	0.81	0.81	XXX
76102	TC	A	Complex body section x-rays	0.00	1.64	NA	0.09	1.73	NA	XXX
76120	.....	A	Cine/video x-rays	0.38	1.14	NA	0.07	1.59	NA	XXX
76120	26	A	Cine/video x-rays	0.38	0.14	0.14	0.02	0.54	0.54	XXX
76120	TC	A	Cine/video x-rays	0.00	1.00	NA	0.05	1.05	NA	XXX
76125	.....	A	Cine/ video x-rays add-on	0.27	0.84	NA	0.05	1.16	NA	ZZZ
76125	26	A	Cine/ video x-rays add-on	0.27	0.10	0.10	0.01	0.38	0.38	ZZZ
76125	TC	A	Cine/ video x-rays add-on	0.00	0.74	NA	0.04	0.78	NA	ZZZ
76140	.....	I	X-ray consultation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76150	.....	A	X-ray exam, dry process	0.00	0.39	NA	0.02	0.41	NA	XXX
76350	.....	C	Special x-ray contrast study	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76355	.....	A	CAT scan for localization	1.21	8.28	NA	0.41	9.90	NA	XXX
76355	26	A	CAT scan for localization	1.21	0.44	0.44	0.06	1.71	1.71	XXX
76355	TC	A	CAT scan for localization	0.00	7.84	NA	0.35	8.19	NA	XXX
76360	.....	A	CAT scan for needle biopsy	1.16	8.24	NA	0.40	9.80	NA	XXX
76360	26	A	CAT scan for needle biopsy	1.16	0.40	0.40	0.05	1.61	1.61	XXX
76360	TC	A	CAT scan for needle biopsy	0.00	7.84	NA	0.35	8.19	NA	XXX
76362	.....	A	Cat scan for tissue ablation	4.00	9.24	NA	1.38	14.62	NA	XXX
76362	26	A	Cat scan for tissue ablation	4.00	1.40	1.40	0.17	5.57	5.57	XXX
76362	TC	A	Cat scan for tissue ablation	0.00	7.84	NA	1.21	9.05	NA	XXX
76370	.....	A	CAT scan for therapy guide	0.85	3.10	NA	0.17	4.12	NA	XXX
76370	26	A	CAT scan for therapy guide	0.85	0.30	0.30	0.04	1.19	1.19	XXX
76370	TC	A	CAT scan for therapy guide	0.00	2.80	NA	0.13	2.93	NA	XXX
76375	.....	A	3d/holograph reconstr add-on	0.16	3.42	NA	0.16	3.74	NA	XXX
76375	26	A	3d/holograph reconstr add-on	0.16	0.06	0.06	0.01	0.23	0.23	XXX
76375	TC	A	3d/holograph reconstr add-on	0.00	3.36	NA	0.15	3.51	NA	XXX
76380	.....	A	CAT scan follow-up study	0.98	3.66	NA	0.19	4.83	NA	XXX
76380	26	A	CAT scan follow-up study	0.98	0.34	0.34	0.04	1.36	1.36	XXX
76380	TC	A	CAT scan follow-up study	0.00	3.32	NA	0.15	3.47	NA	XXX
76390	.....	A	Mr spectroscopy	1.40	11.14	NA	0.55	13.09	NA	XXX
76390	26	A	Mr spectroscopy	1.40	0.50	0.50	0.06	1.96	1.96	XXX
76390	TC	A	Mr spectroscopy	0.00	10.64	NA	0.49	11.13	NA	XXX
76393	.....	A	Mr guidance for needle place	1.50	11.16	NA	0.53	13.19	NA	XXX
76393	26	A	Mr guidance for needle place	1.50	0.52	0.52	0.07	2.09	2.09	XXX
76393	TC	A	Mr guidance for needle place	0.00	10.64	NA	0.46	11.10	NA	XXX
76394	.....	A	Mri for tissue ablation	4.25	12.13	NA	1.43	17.81	NA	XXX
76394	26	A	Mri for tissue ablation	4.25	1.49	1.49	0.14	5.88	5.88	XXX
76394	TC	A	Mri for tissue ablation	0.00	10.64	NA	1.29	11.93	NA	XXX
76400	.....	A	Magnetic image, bone marrow	1.60	11.20	NA	0.56	13.36	NA	XXX
76400	26	A	Magnetic image, bone marrow	1.60	0.56	0.56	0.07	2.23	2.23	XXX
76400	TC	A	Magnetic image, bone marrow	0.00	10.64	NA	0.49	11.13	NA	XXX
76490	.....	A	Us for tissue ablation	2.00	2.13	NA	0.36	4.49	NA	XXX
76490	26	A	Us for tissue ablation	2.00	0.69	0.69	0.12	2.81	2.81	XXX
76490	TC	A	Us for tissue ablation	0.00	1.44	NA	0.24	1.68	NA	XXX
76499	.....	C	Radiographic procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76499	26	C	Radiographic procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76499	TC	C	Radiographic procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
76506	.....	A	Echo exam of head	0.63	1.61	NA	0.10	2.34	NA	XXX
76506	26	A	Echo exam of head	0.63	0.26	0.26	0.03	0.92	0.92	XXX
76506	TC	A	Echo exam of head	0.00	1.35	NA	0.07	1.42	NA	XXX
76511	.....	A	Echo exam of eye	0.94	2.37	NA	0.08	3.39	NA	XXX
76511	26	A	Echo exam of eye	0.94	0.45	0.45	0.02	1.41	1.41	XXX
76511	TC	A	Echo exam of eye	0.00	1.92	NA	0.06	1.98	NA	XXX
76512	.....	A	Echo exam of eye	0.66	2.49	NA	0.09	3.24	NA	XXX
76512	26	A	Echo exam of eye	0.66	0.31	0.31	0.01	0.98	0.98	XXX
76512	TC	A	Echo exam of eye	0.00	2.18	NA	0.08	2.26	NA	XXX
76513	.....	A	Echo exam of eye, water bath	0.66	2.90	NA	0.09	3.65	NA	XXX
76513	26	A	Echo exam of eye, water bath	0.66	0.32	0.32	0.01	0.99	0.99	XXX
76513	TC	A	Echo exam of eye, water bath	0.00	2.58	NA	0.08	2.66	NA	XXX
76516	.....	A	Echo exam of eye	0.54	2.04	NA	0.07	2.65	NA	XXX
76516	26	A	Echo exam of eye	0.54	0.26	0.26	0.01	0.81	0.81	XXX
76516	TC	A	Echo exam of eye	0.00	1.78	NA	0.06	1.84	NA	XXX
76519	.....	A	Echo exam of eye	0.54	1.91	NA	0.07	2.52	NA	XXX
76519	26	A	Echo exam of eye	0.54	0.26	0.26	0.01	0.81	0.81	XXX
76519	TC	A	Echo exam of eye	0.00	1.65	NA	0.06	1.71	NA	XXX
76529	.....	A	Echo exam of eye	0.57	2.70	NA	0.08	3.35	NA	XXX
76529	26	A	Echo exam of eye	0.57	0.27	0.27	0.01	0.85	0.85	XXX
76529	TC	A	Echo exam of eye	0.00	2.43	NA	0.07	2.50	NA	XXX
76536	.....	A	Us exam of head and neck	0.56	1.55	NA	0.09	2.20	NA	XXX
76536	26	A	Us exam of head and neck	0.56	0.20	0.20	0.02	0.78	0.78	XXX
76536	TC	A	Us exam of head and neck	0.00	1.35	NA	0.07	1.42	NA	XXX
76604	.....	A	Us exam, chest, b-scan	0.55	1.43	NA	0.08	2.06	NA	XXX
76604	26	A	Us exam, chest, b-scan	0.55	0.19	0.19	0.02	0.76	0.76	XXX
76604	TC	A	Us exam, chest, b-scan	0.00	1.24	NA	0.06	1.30	NA	XXX
76645	.....	A	Us exam, breast(s)	0.54	1.19	NA	0.08	1.81	NA	XXX
76645	26	A	Us exam, breast(s)	0.54	0.19	0.19	0.03	0.76	0.76	XXX
76645	TC	A	Us exam, breast(s)	0.00	1.00	NA	0.05	1.05	NA	XXX
76700	.....	A	Us exam, abdom, complete	0.81	2.15	NA	0.13	3.09	NA	XXX
76700	26	A	Us exam, abdom, complete	0.81	0.28	0.28	0.04	1.13	1.13	XXX
76700	TC	A	Us exam, abdom, complete	0.00	1.87	NA	0.09	1.96	NA	XXX
76705	.....	A	Us exam, abdom, limited	0.59	1.56	NA	0.10	2.25	NA	XXX
76705	26	A	Us exam, abdom, limited	0.59	0.21	0.21	0.03	0.83	0.83	XXX
76705	TC	A	Us exam, abdom, limited	0.00	1.35	NA	0.07	1.42	NA	XXX
76770	.....	A	Us exam abdo back wall, comp	0.74	2.13	NA	0.12	2.99	NA	XXX
76770	26	A	Us exam abdo back wall, comp	0.74	0.26	0.26	0.03	1.03	1.03	XXX
76770	TC	A	Us exam abdo back wall, comp	0.00	1.87	NA	0.09	1.96	NA	XXX
76775	.....	A	Us exam abdo back wall, lim	0.58	1.55	NA	0.10	2.23	NA	XXX
76775	26	A	Us exam abdo back wall, lim	0.58	0.20	0.20	0.03	0.81	0.81	XXX
76775	TC	A	Us exam abdo back wall, lim	0.00	1.35	NA	0.07	1.42	NA	XXX
76778	.....	A	Us exam kidney transplant	0.74	2.13	NA	0.12	2.99	NA	XXX
76778	26	A	Us exam kidney transplant	0.74	0.26	0.26	0.03	1.03	1.03	XXX
76778	TC	A	Us exam kidney transplant	0.00	1.87	NA	0.09	1.96	NA	XXX
76800	.....	A	Us exam, spinal canal	1.13	1.73	NA	0.11	2.97	NA	XXX
76800	26	A	Us exam, spinal canal	1.13	0.38	0.38	0.04	1.55	1.55	XXX
76800	TC	A	Us exam, spinal canal	0.00	1.35	NA	0.07	1.42	NA	XXX
76805	.....	A	Us exam, pg uterus, compl	0.99	2.35	NA	0.14	3.48	NA	XXX
76805	26	A	Us exam, pg uterus, compl	0.99	0.36	0.36	0.04	1.39	1.39	XXX
76805	TC	A	Us exam, pg uterus, compl	0.00	1.99	NA	0.10	2.09	NA	XXX
76810	.....	A	Us exam, pg uterus, mult	1.97	4.74	NA	0.25	6.96	NA	XXX
76810	26	A	Us exam, pg uterus, mult	1.97	0.75	0.75	0.07	2.79	2.79	XXX
76810	TC	A	Us exam, pg uterus, mult	0.00	3.99	NA	0.18	4.17	NA	XXX
76815	.....	A	Us exam, pg uterus limit	0.65	1.60	NA	0.09	2.34	NA	XXX
76815	26	A	Us exam, pg uterus limit	0.65	0.25	0.25	0.02	0.92	0.92	XXX
76815	TC	A	Us exam, pg uterus limit	0.00	1.35	NA	0.07	1.42	NA	XXX
76816	.....	A	Us exam pg uterus repeat	0.57	1.28	NA	0.07	1.92	NA	XXX
76816	26	A	Us exam pg uterus repeat	0.57	0.22	0.22	0.02	0.81	0.81	XXX
76816	TC	A	Us exam pg uterus repeat	0.00	1.06	NA	0.05	1.11	NA	XXX
76818	.....	A	Fetal biophy profile w/nst	1.05	1.94	NA	0.12	3.11	NA	XXX
76818	26	A	Fetal biophy profile w/nst	1.05	0.41	0.41	0.04	1.50	1.50	XXX
76818	TC	A	Fetal biophy profile w/nst	0.00	1.53	NA	0.08	1.61	NA	XXX
76819	.....	A	Fetal biophys profil w/o nst	0.77	1.83	NA	0.10	2.70	NA	XXX
76819	26	A	Fetal biophys profil w/o nst	0.77	0.30	0.30	0.02	1.09	1.09	XXX
76819	TC	A	Fetal biophys profil w/o nst	0.00	1.53	NA	0.08	1.61	NA	XXX
76825	.....	A	Echo exam of fetal heart	1.67	2.50	NA	0.15	4.32	NA	XXX
76825	26	A	Echo exam of fetal heart	1.67	0.63	0.63	0.06	2.36	2.36	XXX
76825	TC	A	Echo exam of fetal heart	0.00	1.87	NA	0.09	1.96	NA	XXX
76826	.....	A	Echo exam of fetal heart	0.83	0.97	NA	0.07	1.87	NA	XXX
76826	26	A	Echo exam of fetal heart	0.83	0.30	0.30	0.03	1.16	1.16	XXX
76826	TC	A	Echo exam of fetal heart	0.00	0.67	NA	0.04	0.71	NA	XXX
76827	.....	A	Echo exam of fetal heart	0.58	1.85	NA	0.12	2.55	NA	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
76827	26	A	Echo exam of fetal heart	0.58	0.22	0.22	0.02	0.82	0.82	XXX
76827	TC	A	Echo exam of fetal heart	0.00	1.63	NA	0.10	1.73	NA	XXX
76828	.....	A	Echo exam of fetal heart	0.56	1.29	NA	0.09	1.94	NA	XXX
76828	26	A	Echo exam of fetal heart	0.56	0.23	0.23	0.02	0.81	0.81	XXX
76828	TC	A	Echo exam of fetal heart	0.00	1.06	NA	0.07	1.13	NA	XXX
76830	.....	A	Us exam, transvaginal	0.69	1.68	NA	0.11	2.48	NA	XXX
76830	26	A	Us exam, transvaginal	0.69	0.24	0.24	0.03	0.96	0.96	XXX
76830	TC	A	Us exam, transvaginal	0.00	1.44	NA	0.08	1.52	NA	XXX
76831	.....	A	Echo exam, uterus	0.72	1.71	NA	0.10	2.53	NA	XXX
76831	26	A	Echo exam, uterus	0.72	0.27	0.27	0.02	1.01	1.01	XXX
76831	TC	A	Echo exam, uterus	0.00	1.44	NA	0.08	1.52	NA	XXX
76856	.....	A	Us exam, pelvic, complete	0.69	1.68	NA	0.11	2.48	NA	XXX
76856	26	A	Us exam, pelvic, complete	0.69	0.24	0.24	0.03	0.96	0.96	XXX
76856	TC	A	Us exam, pelvic, complete	0.00	1.44	NA	0.08	1.52	NA	XXX
76857	.....	A	Us exam, pelvic, limited	0.38	1.13	NA	0.07	1.58	NA	XXX
76857	26	A	Us exam, pelvic, limited	0.38	0.13	0.13	0.02	0.53	0.53	XXX
76857	TC	A	Us exam, pelvic, limited	0.00	1.00	NA	0.05	1.05	NA	XXX
76870	.....	A	Us exam, scrotum	0.64	1.66	NA	0.11	2.41	NA	XXX
76870	26	A	Us exam, scrotum	0.64	0.22	0.22	0.03	0.89	0.89	XXX
76870	TC	A	Us exam, scrotum	0.00	1.44	NA	0.08	1.52	NA	XXX
76872	.....	A	Echo exam, transrectal	0.69	1.68	NA	0.12	2.49	NA	XXX
76872	26	A	Echo exam, transrectal	0.69	0.24	0.24	0.04	0.97	0.97	XXX
76872	TC	A	Echo exam, transrectal	0.00	1.44	NA	0.08	1.52	NA	XXX
76873	.....	A	Echograp trans r, pros study	1.55	2.53	NA	0.21	4.29	NA	XXX
76873	26	A	Echograp trans r, pros study	1.55	0.54	0.54	0.08	2.17	2.17	XXX
76873	TC	A	Echograp trans r, pros study	0.00	1.99	NA	0.13	2.12	NA	XXX
76880	.....	A	Us exam, extremity	0.59	1.56	NA	0.10	2.25	NA	XXX
76880	26	A	Us exam, extremity	0.59	0.21	0.21	0.03	0.83	0.83	XXX
76880	TC	A	Us exam, extremity	0.00	1.35	NA	0.07	1.42	NA	XXX
76885	.....	A	Us exam infant hips, dynamic	0.74	1.70	NA	0.11	2.55	NA	XXX
6885	26	A	Us exam infant hips, dynamic	0.74	0.26	0.26	0.03	1.03	1.03	XXX
76885	TC	A	Us exam infant hips, dynamic	0.00	1.44	NA	0.08	1.52	NA	XXX
76886	.....	A	Us exam infant hips, static	0.62	1.57	NA	0.10	2.29	NA	XXX
76886	26	A	Us exam infant hips, static	0.62	0.22	0.22	0.03	0.87	0.87	XXX
76886	TC	A	Us exam infant hips, static	0.00	1.35	NA	0.07	1.42	NA	XXX
76930	.....	A	Echo guide, cardiocentesis	0.67	1.71	NA	0.10	2.48	NA	XXX
76930	26	A	Echo guide, cardiocentesis	0.67	0.27	0.27	0.02	0.96	0.96	XXX
76930	TC	A	Echo guide, cardiocentesis	0.00	1.44	NA	0.08	1.52	NA	XXX
76932	.....	A	Echo guide for heart biopsy	0.67	1.71	NA	0.10	2.48	NA	XXX
76932	26	A	Echo guide for heart biopsy	0.67	0.27	0.27	0.02	0.96	0.96	XXX
76932	TC	A	Echo guide for heart biopsy	0.00	1.44	NA	0.08	1.52	NA	XXX
76936	.....	A	Echo guide for artery repair	1.99	6.68	NA	0.39	9.06	NA	XXX
76936	26	A	Echo guide for artery repair	1.99	0.70	0.70	0.11	2.80	2.80	XXX
76936	TC	A	Echo guide for artery repair	0.00	5.98	NA	0.28	6.26	NA	XXX
76941	.....	A	Echo guide for transfusion	1.34	1.98	NA	0.13	3.45	NA	XXX
76941	26	A	Echo guide for transfusion	1.34	0.53	0.53	0.06	1.93	1.93	XXX
76941	TC	A	Echo guide for transfusion	0.00	1.45	NA	0.07	1.52	NA	XXX
76942	.....	A	Echo guide for biopsy	0.67	1.67	NA	0.12	2.46	NA	XXX
76942	26	A	Echo guide for biopsy	0.67	0.23	0.23	0.04	0.94	0.94	XXX
76942	TC	A	Echo guide for biopsy	0.00	1.44	NA	0.08	1.52	NA	XXX
76945	.....	A	Echo guide, villus sampling	0.67	1.69	NA	0.10	2.46	NA	XXX
76945	26	A	Echo guide, villus sampling	0.67	0.24	0.24	0.03	0.94	0.94	XXX
76945	TC	A	Echo guide, villus sampling	0.00	1.45	NA	0.07	1.52	NA	XXX
76946	.....	A	Echo guide for amniocentesis	0.38	1.59	NA	0.09	2.06	NA	XXX
76946	26	A	Echo guide for amniocentesis	0.38	0.15	0.15	0.01	0.54	0.54	XXX
76946	TC	A	Echo guide for amniocentesis	0.00	1.44	NA	0.08	1.52	NA	XXX
76948	.....	A	Echo guide, ova aspiration	0.38	1.57	NA	0.10	2.05	NA	XXX
76948	26	A	Echo guide, ova aspiration	0.38	0.13	0.13	0.02	0.53	0.53	XXX
76948	TC	A	Echo guide, ova aspiration	0.00	1.44	NA	0.08	1.52	NA	XXX
76950	.....	A	Echo guidance radiotherapy	0.58	1.45	NA	0.09	2.12	NA	XXX
76950	26	A	Echo guidance radiotherapy	0.58	0.21	0.21	0.03	0.82	0.82	XXX
76950	TC	A	Echo guidance radiotherapy	0.00	1.24	NA	0.06	1.30	NA	XXX
76965	.....	A	Echo guidance radiotherapy	1.34	5.75	NA	0.31	7.40	NA	XXX
76965	26	A	Echo guidance radiotherapy	1.34	0.46	0.46	0.07	1.87	1.87	XXX
76965	TC	A	Echo guidance radiotherapy	0.00	5.29	NA	0.24	5.53	NA	XXX
76970	.....	A	Ultrasound exam follow-up	0.40	1.14	NA	0.07	1.61	NA	XXX
76970	26	A	Ultrasound exam follow-up	0.40	0.14	0.14	0.02	0.56	0.56	XXX
76970	TC	A	Ultrasound exam follow-up	0.00	1.00	NA	0.05	1.05	NA	XXX
76975	.....	A	GI endoscopic ultrasound	0.81	1.73	NA	0.11	2.65	NA	XXX
76975	26	A	GI endoscopic ultrasound	0.81	0.29	0.29	0.03	1.13	1.13	XXX
76975	TC	A	GI endoscopic ultrasound	0.00	1.44	NA	0.08	1.52	NA	XXX
76977	.....	A	Us bone density measure	0.05	0.80	NA	0.05	0.90	NA	XXX
76977	26	A	Us bone density measure	0.05	0.02	0.02	0.01	0.08	0.08	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
76977	TC	A	Us bone density measure	0.00	0.78	NA	0.04	0.82	NA	XXX
76986	.....	A	Ultrasound guide intraoper	1.20	2.91	NA	0.19	4.30	NA	XXX
76986	26	A	Ultrasound guide intraoper	1.20	0.42	0.42	0.07	1.69	1.69	XXX
76986	TC	A	Ultrasound guide intraoper	0.00	2.49	NA	0.12	2.61	NA	XXX
76999	.....	C	Echo examination procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76999	26	C	Echo examination procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76999	TC	C	Echo examination procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77261	.....	A	Radiation therapy planning	1.39	0.56	0.56	0.06	2.01	2.01	XXX
77262	.....	A	Radiation therapy planning	2.11	0.82	0.82	0.09	3.02	3.02	XXX
77263	.....	A	Radiation therapy planning	3.14	1.23	1.23	0.13	4.50	4.50	XXX
77280	.....	A	Set radiation therapy field	0.70	3.55	NA	0.18	4.43	NA	XXX
77280	26	A	Set radiation therapy field	0.70	0.25	0.25	0.03	0.98	0.98	XXX
77280	TC	A	Set radiation therapy field	0.00	3.30	NA	0.15	3.45	NA	XXX
77285	.....	A	Set radiation therapy field	1.05	5.67	NA	0.29	7.01	NA	XXX
77285	26	A	Set radiation therapy field	1.05	0.38	0.38	0.04	1.47	1.47	XXX
77285	TC	A	Set radiation therapy field	0.00	5.29	NA	0.25	5.54	NA	XXX
77290	.....	A	Set radiation therapy field	1.56	6.74	NA	0.35	8.65	NA	XXX
77290	26	A	Set radiation therapy field	1.56	0.56	0.56	0.06	2.18	2.18	XXX
77290	TC	A	Set radiation therapy field	0.00	6.18	NA	0.29	6.47	NA	XXX
77295	.....	A	Set radiation therapy field	4.57	28.18	NA	1.41	34.16	NA	XXX
77295	26	A	Set radiation therapy field	4.57	1.65	1.65	0.18	6.40	6.40	XXX
77295	TC	A	Set radiation therapy field	0.00	26.53	NA	1.23	27.76	NA	XXX
77299	.....	C	Radiation therapy planning	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77299	26	C	Radiation therapy planning	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77299	TC	C	Radiation therapy planning	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77300	.....	A	Radiation therapy dose plan	0.62	1.50	NA	0.09	2.21	NA	XXX
77300	26	A	Radiation therapy dose plan	0.62	0.22	0.22	0.03	0.87	0.87	XXX
77300	TC	A	Radiation therapy dose plan	0.00	1.28	NA	0.06	1.34	NA	XXX
77301	.....	A	Radioltherapy dos plan, imrt	8.00	29.72	NA	1.41	39.13	NA	XXX
77301	26	A	Radioltherapy dos plan, imrt	8.00	3.19	3.19	0.18	11.37	11.37	XXX
77301	TC	A	Radioltherapy dos plan, imrt	0.00	26.53	NA	1.23	27.76	NA	XXX
77305	.....	A	Radiation therapy dose plan	0.70	2.01	NA	0.12	2.83	NA	XXX
77305	26	A	Radiation therapy dose plan	0.70	0.25	0.25	0.03	0.98	0.98	XXX
77305	TC	A	Radiation therapy dose plan	0.00	1.76	NA	0.09	1.85	NA	XXX
77310	.....	A	Radiation therapy dose plan	1.05	2.59	NA	0.15	3.79	NA	XXX
77310	26	A	Radiation therapy dose plan	1.05	0.38	0.38	0.04	1.47	1.47	XXX
77310	TC	A	Radiation therapy dose plan	0.00	2.21	NA	0.11	2.32	NA	XXX
77315	.....	A	Radiation therapy dose plan	1.56	3.09	NA	0.18	4.83	NA	XXX
77315	26	A	Radiation therapy dose plan	1.56	0.56	0.56	0.06	2.18	2.18	XXX
77315	TC	A	Radiation therapy dose plan	0.00	2.53	NA	0.12	2.65	NA	XXX
77321	.....	A	Radiation therapy port plan	0.95	4.18	NA	0.21	5.34	NA	XXX
77321	26	A	Radiation therapy port plan	0.95	0.34	0.34	0.04	1.33	1.33	XXX
77321	TC	A	Radiation therapy port plan	0.00	3.84	NA	0.17	4.01	NA	XXX
77326	.....	A	Radiation therapy dose plan	0.93	2.58	NA	0.15	3.66	NA	XXX
77326	26	A	Radiation therapy dose plan	0.93	0.34	0.34	0.04	1.31	1.31	XXX
77326	TC	A	Radiation therapy dose plan	0.00	2.24	NA	0.11	2.35	NA	XXX
77327	.....	A	Radiation therapy dose plan	1.39	3.80	NA	0.21	5.40	NA	XXX
77327	26	A	Radiation therapy dose plan	1.39	0.50	0.50	0.06	1.95	1.95	XXX
77327	TC	A	Radiation therapy dose plan	0.00	3.30	NA	0.15	3.45	NA	XXX
77328	.....	A	Radiation therapy dose plan	2.09	5.46	NA	0.30	7.85	NA	XXX
77328	26	A	Radiation therapy dose plan	2.09	0.75	0.75	0.09	2.93	2.93	XXX
77328	TC	A	Radiation therapy dose plan	0.00	4.71	NA	0.21	4.92	NA	XXX
77331	.....	A	Special radiation dosimetry	0.87	0.79	NA	0.06	1.72	NA	XXX
77331	26	A	Special radiation dosimetry	0.87	0.31	0.31	0.04	1.22	1.22	XXX
77331	TC	A	Special radiation dosimetry	0.00	0.48	NA	0.02	0.50	NA	XXX
77332	.....	A	Radiation treatment aid(s)	0.54	1.47	NA	0.08	2.09	NA	XXX
77332	26	A	Radiation treatment aid(s)	0.54	0.19	0.19	0.02	0.75	0.75	XXX
77332	TC	A	Radiation treatment aid(s)	0.00	1.28	NA	0.06	1.34	NA	XXX
77333	.....	A	Radiation treatment aid(s)	0.84	2.10	NA	0.13	3.07	NA	XXX
77333	26	A	Radiation treatment aid(s)	0.84	0.30	0.30	0.04	1.18	1.18	XXX
77333	TC	A	Radiation treatment aid(s)	0.00	1.80	NA	0.09	1.89	NA	XXX
77334	.....	A	Radiation treatment aid(s)	1.24	3.54	NA	0.19	4.97	NA	XXX
77334	26	A	Radiation treatment aid(s)	1.24	0.45	0.45	0.05	1.74	1.74	XXX
77334	TC	A	Radiation treatment aid(s)	0.00	3.09	NA	0.14	3.23	NA	XXX
77336	.....	A	Radiation physics consult	0.00	2.83	NA	0.13	2.96	NA	XXX
77370	.....	A	Radiation physics consult	0.00	3.31	NA	0.15	3.46	NA	XXX
77399	.....	C	External radiation dosimetry	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77399	26	C	External radiation dosimetry	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77399	TC	C	External radiation dosimetry	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77401	.....	A	Radiation treatment delivery	0.00	1.68	NA	0.09	1.77	NA	XXX
77402	.....	A	Radiation treatment delivery	0.00	1.68	NA	0.09	1.77	NA	XXX
77403	.....	A	Radiation treatment delivery	0.00	1.68	NA	0.09	1.77	NA	XXX
77404	.....	A	Radiation treatment delivery	0.00	1.68	NA	0.09	1.77	NA	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
77406	.....	A	Radiation treatment delivery	0.00	1.68	NA	0.09	1.77	NA	XXX
77407	.....	A	Radiation treatment delivery	0.00	1.98	NA	0.10	2.08	NA	XXX
77408	.....	A	Radiation treatment delivery	0.00	1.98	NA	0.10	2.08	NA	XXX
77409	.....	A	Radiation treatment delivery	0.00	1.98	NA	0.10	2.08	NA	XXX
77411	.....	A	Radiation treatment delivery	0.00	1.98	NA	0.10	2.08	NA	XXX
77412	.....	A	Radiation treatment delivery	0.00	2.21	NA	0.11	2.32	NA	XXX
77413	.....	A	Radiation treatment delivery	0.00	2.21	NA	0.11	2.32	NA	XXX
77414	.....	A	Radiation treatment delivery	0.00	2.21	NA	0.11	2.32	NA	XXX
77416	.....	A	Radiation treatment delivery	0.00	2.21	NA	0.11	2.32	NA	XXX
77417	.....	A	Radiology port film(s)	0.00	0.56	NA	0.03	0.59	NA	XXX
77418	.....	A	Radiation tx delivery, imrt	0.00	16.07	NA	0.11	16.18	NA	XXX
77427	.....	A	Radiation tx management, x5	3.31	1.19	1.19	0.14	4.64	4.64	XXX
77431	.....	A	Radiation therapy management	1.81	0.73	0.73	0.07	2.61	2.61	XXX
77432	.....	A	Stereotactic radiation trmt	7.93	3.25	3.25	0.33	11.51	11.51	XXX
77470	.....	A	Special radiation treatment	2.09	11.34	NA	0.58	14.01	NA	XXX
77470	26	A	Special radiation treatment	2.09	0.75	0.75	0.09	2.93	2.93	XXX
77470	TC	A	Special radiation treatment	0.00	10.59	NA	0.49	11.08	NA	XXX
77499	.....	C	Radiation therapy management	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77499	26	C	Radiation therapy management	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77499	TC	C	Radiation therapy management	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77520	.....	C	Proton trmt, simple w/o comp	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77522	.....	C	Proton trmt, simple w/comp	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77523	.....	C	Proton trmt, intermediate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77525	.....	C	Proton treatment, complex	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77600	.....	R	Hyperthermia treatment	1.56	3.44	NA	0.21	5.21	NA	XXX
77600	26	R	Hyperthermia treatment	1.56	0.55	0.55	0.08	2.19	2.19	XXX
77600	TC	R	Hyperthermia treatment	0.00	2.89	NA	0.13	3.02	NA	XXX
77605	.....	R	Hyperthermia treatment	2.09	4.62	NA	0.31	7.02	NA	XXX
77605	26	R	Hyperthermia treatment	2.09	0.76	0.76	0.13	2.98	2.98	XXX
77605	TC	R	Hyperthermia treatment	0.00	3.86	NA	0.18	4.04	NA	XXX
77610	.....	R	Hyperthermia treatment	1.56	3.44	NA	0.20	5.20	NA	XXX
77610	26	R	Hyperthermia treatment	1.56	0.55	0.55	0.07	2.18	2.18	XXX
77610	TC	R	Hyperthermia treatment	0.00	2.89	NA	0.13	3.02	NA	XXX
77615	.....	R	Hyperthermia treatment	2.09	4.60	NA	0.27	6.96	NA	XXX
77615	26	R	Hyperthermia treatment	2.09	0.74	0.74	0.09	2.92	2.92	XXX
77615	TC	R	Hyperthermia treatment	0.00	3.86	NA	0.18	4.04	NA	XXX
77620	.....	R	Hyperthermia treatment	1.56	3.47	NA	0.19	5.22	NA	XXX
77620	26	R	Hyperthermia treatment	1.56	0.58	0.58	0.06	2.20	2.20	XXX
77620	TC	R	Hyperthermia treatment	0.00	2.89	NA	0.13	3.02	NA	XXX
77750	.....	A	Infuse radioactive materials	4.91	3.04	NA	0.23	8.18	NA	090
77750	26	A	Infuse radioactive materials	4.91	1.77	1.77	0.17	6.85	6.85	090
77750	TC	A	Infuse radioactive materials	0.00	1.27	NA	0.06	1.33	NA	090
77761	.....	A	Apply intrcav radiat simple	3.81	3.51	NA	0.28	7.60	NA	090
77761	26	A	Apply intrcav radiat simple	3.81	1.13	1.13	0.16	5.10	5.10	090
77761	TC	A	Apply intrcav radiat simple	0.00	2.38	NA	0.12	2.50	NA	090
77762	.....	A	Apply intrcav radiat interm	5.72	5.42	NA	0.38	11.52	NA	090
77762	26	A	Apply intrcav radiat interm	5.72	1.99	1.99	0.22	7.93	7.93	090
77762	TC	A	Apply intrcav radiat interm	0.00	3.43	NA	0.16	3.59	NA	090
77763	.....	A	Apply intrcav radiat compl	8.57	7.38	NA	0.53	16.48	NA	090
77763	26	A	Apply intrcav radiat compl	8.57	3.12	3.12	0.34	12.03	12.03	090
77763	TC	A	Apply intrcav radiat compl	0.00	4.26	NA	0.19	4.45	NA	090
77776	.....	A	Apply interstit radiat simpl	4.66	3.72	NA	0.35	8.73	NA	090
77776	26	A	Apply interstit radiat simpl	4.66	1.65	1.65	0.24	6.55	6.55	090
77776	TC	A	Apply interstit radiat simpl	0.00	2.07	NA	0.11	2.18	NA	090
77777	.....	A	Apply interstit radiat inter	7.48	6.37	NA	0.50	14.35	NA	090
77777	26	A	Apply interstit radiat inter	7.48	2.35	2.35	0.32	10.15	10.15	090
77777	TC	A	Apply interstit radiat inter	0.00	4.02	NA	0.18	4.20	NA	090
77778	.....	A	Apply iterstit radiat compl	11.19	8.90	NA	0.69	20.78	NA	090
77778	26	A	Apply iterstit radiat compl	11.19	4.02	4.02	0.47	15.68	15.68	090
77778	TC	A	Apply iterstit radiat compl	0.00	4.88	NA	0.22	5.10	NA	090
77781	.....	A	High intensity brachytherapy	1.66	19.88	NA	0.95	22.49	NA	090
77781	26	A	High intensity brachytherapy	1.66	0.60	0.60	0.07	2.33	2.33	090
77781	TC	A	High intensity brachytherapy	0.00	19.28	NA	0.88	20.16	NA	090
77782	.....	A	High intensity brachytherapy	2.49	20.18	NA	0.98	23.65	NA	090
77782	26	A	High intensity brachytherapy	2.49	0.90	0.90	0.10	3.49	3.49	090
77782	TC	A	High intensity brachytherapy	0.00	19.28	NA	0.88	20.16	NA	090
77783	.....	A	High intensity brachytherapy	3.73	20.62	NA	1.03	25.38	NA	090
77783	26	A	High intensity brachytherapy	3.73	1.34	1.34	0.15	5.22	5.22	090
77783	TC	A	High intensity brachytherapy	0.00	19.28	NA	0.88	20.16	NA	090
77784	.....	A	High intensity brachytherapy	5.61	21.30	NA	1.10	28.01	NA	090
77784	26	A	High intensity brachytherapy	5.61	2.02	2.02	0.22	7.85	7.85	090
77784	TC	A	High intensity brachytherapy	0.00	19.28	NA	0.88	20.16	NA	090
77789	.....	A	Apply surface radiation	1.12	0.84	NA	0.05	2.01	NA	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
77789	26	A	Apply surface radiation	1.12	0.41	0.41	0.03	1.56	1.56	090
77789	TC	A	Apply surface radiation	0.00	0.43	NA	0.02	0.45	NA	090
77790	.....	A	Radiation handling	1.05	0.86	NA	0.06	1.97	NA	XXX
77790	26	A	Radiation handling	1.05	0.38	0.38	0.04	1.47	1.47	XXX
77790	TC	A	Radiation handling	0.00	0.48	NA	0.02	0.50	NA	XXX
77799	.....	C	Radium/radioisotope therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77799	26	C	Radium/radioisotope therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77799	TC	C	Radium/radioisotope therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78000	.....	A	Thyroid, single uptake	0.19	0.99	NA	0.06	1.24	NA	XXX
78000	26	A	Thyroid, single uptake	0.19	0.07	0.07	0.01	0.27	0.27	XXX
78000	TC	A	Thyroid, single uptake	0.00	0.92	NA	0.05	0.97	NA	XXX
78001	.....	A	Thyroid, multiple uptakes	0.26	1.33	NA	0.07	1.66	NA	XXX
78001	26	A	Thyroid, multiple uptakes	0.26	0.09	0.09	0.01	0.36	0.36	XXX
78001	TC	A	Thyroid, multiple uptakes	0.00	1.24	NA	0.06	1.30	NA	XXX
78003	.....	A	Thyroid suppress/stimul	0.33	1.04	NA	0.06	1.43	NA	XXX
78003	26	A	Thyroid suppress/stimul	0.33	0.12	0.12	0.01	0.46	0.46	XXX
78003	TC	A	Thyroid suppress/stimul	0.00	0.92	NA	0.05	0.97	NA	XXX
78006	.....	A	Thyroid imaging with uptake	0.49	2.44	NA	0.13	3.06	NA	XXX
78006	26	A	Thyroid imaging with uptake	0.49	0.18	0.18	0.02	0.69	0.69	XXX
78006	TC	A	Thyroid imaging with uptake	0.00	2.26	NA	0.11	2.37	NA	XXX
78007	.....	A	Thyroid image, mult uptakes	0.50	2.62	NA	0.14	3.26	NA	XXX
78007	26	A	Thyroid image, mult uptakes	0.50	0.18	0.18	0.02	0.70	0.70	XXX
78007	TC	A	Thyroid image, mult uptakes	0.00	2.44	NA	0.12	2.56	NA	XXX
78010	.....	A	Thyroid imaging	0.39	1.87	NA	0.11	2.37	NA	XXX
78010	26	A	Thyroid imaging	0.39	0.14	0.14	0.02	0.55	0.55	XXX
78010	TC	A	Thyroid imaging	0.00	1.73	NA	0.09	1.82	NA	XXX
78011	.....	A	Thyroid imaging with flow	0.45	2.45	NA	0.13	3.03	NA	XXX
78011	26	A	Thyroid imaging with flow	0.45	0.16	0.16	0.02	0.63	0.63	XXX
78011	TC	A	Thyroid imaging with flow	0.00	2.29	NA	0.11	2.40	NA	XXX
78015	.....	A	Thyroid met imaging	0.67	2.68	NA	0.15	3.50	NA	XXX
78015	26	A	Thyroid met imaging	0.67	0.24	0.24	0.03	0.94	0.94	XXX
78015	TC	A	Thyroid met imaging	0.00	2.44	NA	0.12	2.56	NA	XXX
78016	.....	A	Thyroid met imaging/studies	0.82	3.62	NA	0.18	4.62	NA	XXX
78016	26	A	Thyroid met imaging/studies	0.82	0.31	0.31	0.03	1.16	1.16	XXX
78016	TC	A	Thyroid met imaging/studies	0.00	3.31	NA	0.15	3.46	NA	XXX
78018	.....	A	Thyroid met imaging, body	0.86	5.47	NA	0.27	6.60	NA	XXX
78018	26	A	Thyroid met imaging, body	0.86	0.32	0.32	0.03	1.21	1.21	XXX
78018	TC	A	Thyroid met imaging, body	0.00	5.15	NA	0.24	5.39	NA	XXX
78020	.....	A	Thyroid met uptake	0.60	1.47	NA	0.14	2.21	NA	ZZZ
78020	26	A	Thyroid met uptake	0.60	0.23	0.23	0.02	0.85	0.85	ZZZ
78020	TC	A	Thyroid met uptake	0.00	1.24	NA	0.12	1.36	NA	ZZZ
78070	.....	A	Parathyroid nuclear imaging	0.82	2.03	NA	0.12	2.97	NA	XXX
78070	26	A	Parathyroid nuclear imaging	0.82	0.30	0.30	0.03	1.15	1.15	XXX
78070	TC	A	Parathyroid nuclear imaging	0.00	1.73	NA	0.09	1.82	NA	XXX
78075	.....	A	Adrenal nuclear imaging	0.74	5.44	NA	0.27	6.45	NA	XXX
78075	26	A	Adrenal nuclear imaging	0.74	0.29	0.29	0.03	1.06	1.06	XXX
78075	TC	A	Adrenal nuclear imaging	0.00	5.15	NA	0.24	5.39	NA	XXX
78099	.....	C	Endocrine nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78099	26	C	Endocrine nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78099	TC	C	Endocrine nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78102	.....	A	Bone marrow imaging, ltd	0.55	2.15	NA	0.12	2.82	NA	XXX
78102	26	A	Bone marrow imaging, ltd	0.55	0.21	0.21	0.02	0.78	0.78	XXX
78102	TC	A	Bone marrow imaging, ltd	0.00	1.94	NA	0.10	2.04	NA	XXX
78103	.....	A	Bone marrow imaging, mult	0.75	3.28	NA	0.17	4.20	NA	XXX
78103	26	A	Bone marrow imaging, mult	0.75	0.27	0.27	0.03	1.05	1.05	XXX
78103	TC	A	Bone marrow imaging, mult	0.00	3.01	NA	0.14	3.15	NA	XXX
78104	.....	A	Bone marrow imaging, body	0.80	4.16	NA	0.21	5.17	NA	XXX
78104	26	A	Bone marrow imaging, body	0.80	0.29	0.29	0.03	1.12	1.12	XXX
78104	TC	A	Bone marrow imaging, body	0.00	3.87	NA	0.18	4.05	NA	XXX
78110	.....	A	Plasma volume, single	0.19	0.97	NA	0.06	1.22	NA	XXX
78110	26	A	Plasma volume, single	0.19	0.07	0.07	0.01	0.27	0.27	XXX
78110	TC	A	Plasma volume, single	0.00	0.90	NA	0.05	0.95	NA	XXX
78111	.....	A	Plasma volume, multiple	0.22	2.52	NA	0.13	2.87	NA	XXX
78111	26	A	Plasma volume, multiple	0.22	0.08	0.08	0.01	0.31	0.31	XXX
78111	TC	A	Plasma volume, multiple	0.00	2.44	NA	0.12	2.56	NA	XXX
78120	.....	A	Red cell mass, single	0.23	1.73	NA	0.10	2.06	NA	XXX
78120	26	A	Red cell mass, single	0.23	0.09	0.09	0.01	0.33	0.33	XXX
78120	TC	A	Red cell mass, single	0.00	1.64	NA	0.09	1.73	NA	XXX
78121	.....	A	Red cell mass, multiple	0.32	2.88	NA	0.13	3.33	NA	XXX
78121	26	A	Red cell mass, multiple	0.32	0.12	0.12	0.01	0.45	0.45	XXX
78121	TC	A	Red cell mass, multiple	0.00	2.76	NA	0.12	2.88	NA	XXX
78122	.....	A	Blood volume	0.45	4.54	NA	0.22	5.21	NA	XXX
78122	26	A	Blood volume	0.45	0.17	0.17	0.02	0.64	0.64	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
78122	TC	A	Blood volume	0.00	4.37	NA	0.20	4.57	NA	XXX
78130		A	Red cell survival study	0.61	2.93	NA	0.15	3.69	NA	XXX
78130	26	A	Red cell survival study	0.61	0.22	0.22	0.03	0.86	0.86	XXX
78130	TC	A	Red cell survival study	0.00	2.71	NA	0.12	2.83	NA	XXX
78135		A	Red cell survival kinetics	0.64	4.86	NA	0.24	5.74	NA	XXX
78135	26	A	Red cell survival kinetics	0.64	0.23	0.23	0.03	0.90	0.90	XXX
78135	TC	A	Red cell survival kinetics	0.00	4.63	NA	0.21	4.84	NA	XXX
78140		A	Red cell sequestration	0.61	3.95	NA	0.20	4.76	NA	XXX
78140	26	A	Red cell sequestration	0.61	0.21	0.21	0.03	0.85	0.85	XXX
78140	TC	A	Red cell sequestration	0.00	3.74	NA	0.17	3.91	NA	XXX
78160		A	Plasma iron turnover	0.33	3.60	NA	0.19	4.12	NA	XXX
78160	26	A	Plasma iron turnover	0.33	0.12	0.12	0.03	0.48	0.48	XXX
78160	TC	A	Plasma iron turnover	0.00	3.48	NA	0.16	3.64	NA	XXX
78162		A	Iron absorption exam	0.45	3.22	NA	0.15	3.82	NA	XXX
78162	26	A	Iron absorption exam	0.45	0.18	0.18	0.01	0.64	0.64	XXX
78162	TC	A	Iron absorption exam	0.00	3.04	NA	0.14	3.18	NA	XXX
78170		A	Red cell iron utilization	0.41	5.19	NA	0.27	5.87	NA	XXX
78170	26	A	Red cell iron utilization	0.41	0.15	0.15	0.04	0.60	0.60	XXX
78170	TC	A	Red cell iron utilization	0.00	5.04	NA	0.23	5.27	NA	XXX
78172		C	Total body iron estimation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78172	26	A	Total body iron estimation	0.53	0.20	0.20	0.02	0.75	0.75	XXX
78172	TC	C	Total body iron estimation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78185		A	Spleen imaging	0.40	2.39	NA	0.13	2.92	NA	XXX
78185	26	A	Spleen imaging	0.40	0.15	0.15	0.02	0.57	0.57	XXX
78185	TC	A	Spleen imaging	0.00	2.24	NA	0.11	2.35	NA	XXX
78190		A	Platelet survival, kinetics	1.09	5.83	NA	0.31	7.23	NA	XXX
78190	26	A	Platelet survival, kinetics	1.09	0.40	0.40	0.06	1.55	1.55	XXX
78190	TC	A	Platelet survival, kinetics	0.00	5.43	NA	0.25	5.68	NA	XXX
78191		A	Platelet survival	0.61	7.19	NA	0.34	8.14	NA	XXX
78191	26	A	Platelet survival	0.61	0.22	0.22	0.03	0.86	0.86	XXX
78191	TC	A	Platelet survival	0.00	6.97	NA	0.31	7.28	NA	XXX
78195		A	Lymph system imaging	1.20	4.31	NA	0.23	5.74	NA	XXX
78195	26	A	Lymph system imaging	1.20	0.44	0.44	0.05	1.69	1.69	XXX
78195	TC	A	Lymph system imaging	0.00	3.87	NA	0.18	4.05	NA	XXX
78199		C	Blood/lymph nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78199	26	C	Blood/lymph nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78199	TC	C	Blood/lymph nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78201		A	Liver imaging	0.44	2.40	NA	0.13	2.97	NA	XXX
78201	26	A	Liver imaging	0.44	0.16	0.16	0.02	0.62	0.62	XXX
78201	TC	A	Liver imaging	0.00	2.24	NA	0.11	2.35	NA	XXX
78202		A	Liver imaging with flow	0.51	2.93	NA	0.14	3.58	NA	XXX
78202	26	A	Liver imaging with flow	0.51	0.19	0.19	0.02	0.72	0.72	XXX
78202	TC	A	Liver imaging with flow	0.00	2.74	NA	0.12	2.86	NA	XXX
78205		A	Liver imaging (3D)	0.71	5.87	NA	0.29	6.87	NA	XXX
78205	26	A	Liver imaging (3D)	0.71	0.26	0.26	0.03	1.00	1.00	XXX
78205	TC	A	Liver imaging (3D)	0.00	5.61	NA	0.26	5.87	NA	XXX
78206		A	Liver image (3d) w/flow	0.96	5.96	NA	0.13	7.05	NA	XXX
78206	26	A	Liver image (3d) w/flow	0.96	0.35	0.35	0.04	1.35	1.35	XXX
78206	TC	A	Liver image (3d) w/flow	0.00	5.61	NA	0.09	5.70	NA	XXX
78215		A	Liver and spleen imaging	0.49	2.97	NA	0.14	3.60	NA	XXX
78215	26	A	Liver and spleen imaging	0.49	0.18	0.18	0.02	0.69	0.69	XXX
78215	TC	A	Liver and spleen imaging	0.00	2.79	NA	0.12	2.91	NA	XXX
78216		A	Liver & spleen image/flow	0.57	3.52	NA	0.17	4.26	NA	XXX
78216	26	A	Liver & spleen image/flow	0.57	0.21	0.21	0.02	0.80	0.80	XXX
78216	TC	A	Liver & spleen image/flow	0.00	3.31	NA	0.15	3.46	NA	XXX
78220		A	Liver function study	0.49	3.72	NA	0.18	4.39	NA	XXX
78220	26	A	Liver function study	0.49	0.18	0.18	0.02	0.69	0.69	XXX
78220	TC	A	Liver function study	0.00	3.54	NA	0.16	3.70	NA	XXX
78223		A	Hepatobiliary imaging	0.84	3.78	NA	0.20	4.82	NA	XXX
78223	26	A	Hepatobiliary imaging	0.84	0.30	0.30	0.04	1.18	1.18	XXX
78223	TC	A	Hepatobiliary imaging	0.00	3.48	NA	0.16	3.64	NA	XXX
78230		A	Salivary gland imaging	0.45	2.23	NA	0.13	2.81	NA	XXX
78230	26	A	Salivary gland imaging	0.45	0.16	0.16	0.02	0.63	0.63	XXX
78230	TC	A	Salivary gland imaging	0.00	2.07	NA	0.11	2.18	NA	XXX
78231		A	Serial salivary imaging	0.52	3.21	NA	0.16	3.89	NA	XXX
78231	26	A	Serial salivary imaging	0.52	0.20	0.20	0.02	0.74	0.74	XXX
78231	TC	A	Serial salivary imaging	0.00	3.01	NA	0.14	3.15	NA	XXX
78232		A	Salivary gland function exam	0.47	3.54	NA	0.16	4.17	NA	XXX
78232	26	A	Salivary gland function exam	0.47	0.18	0.18	0.01	0.66	0.66	XXX
78232	TC	A	Salivary gland function exam	0.00	3.36	NA	0.15	3.51	NA	XXX
78258		A	Esophageal motility study	0.74	3.01	NA	0.15	3.90	NA	XXX
78258	26	A	Esophageal motility study	0.74	0.27	0.27	0.03	1.04	1.04	XXX
78258	TC	A	Esophageal motility study	0.00	2.74	NA	0.12	2.86	NA	XXX

[3] +Indicates RVUs are not used for Medicare payment.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
78261	.....	A	Gastric mucosa imaging	0.69	4.15	NA	0.21	5.05	NA	XXX
78261	26	A	Gastric mucosa imaging	0.69	0.26	0.26	0.03	0.98	0.98	XXX
78261	TC	A	Gastric mucosa imaging	0.00	3.89	NA	0.18	4.07	NA	XXX
78262	.....	A	Gastroesophageal reflux exam	0.68	4.29	NA	0.21	5.18	NA	XXX
78262	26	A	Gastroesophageal reflux exam	0.68	0.25	0.25	0.03	0.96	0.96	XXX
78262	TC	A	Gastroesophageal reflux exam	0.00	4.04	NA	0.18	4.22	NA	XXX
78264	.....	A	Gastric emptying study	0.78	4.20	NA	0.21	5.19	NA	XXX
78264	26	A	Gastric emptying study	0.78	0.28	0.28	0.03	1.09	1.09	XXX
78264	TC	A	Gastric emptying study	0.00	3.92	NA	0.18	4.10	NA	XXX
78267	.....	X	Breath tst attain/anal c–14	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78268	.....	X	Breath test analysis, c–14	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78270	.....	A	Vit B–12 absorption exam	0.20	1.54	NA	0.09	1.83	NA	XXX
78270	26	A	Vit B–12 absorption exam	0.20	0.07	0.07	0.01	0.28	0.28	XXX
78270	TC	A	Vit B–12 absorption exam	0.00	1.47	NA	0.08	1.55	NA	XXX
78271	.....	A	Vit B–12 absorp exam, IF	0.20	1.63	NA	0.09	1.92	NA	XXX
78271	26	A	Vit B–12 absorp exam, IF	0.20	0.07	0.07	0.01	0.28	0.28	XXX
78271	TC	A	Vit B–12 absorp exam, IF	0.00	1.56	NA	0.08	1.64	NA	XXX
78272	.....	A	Vit B–12 absorp, combined	0.27	2.30	NA	0.12	2.69	NA	XXX
78272	26	A	Vit B–12 absorp, combined	0.27	0.10	0.10	0.01	0.38	0.38	XXX
78272	TC	A	Vit B–12 absorp, combined	0.00	2.20	NA	0.11	2.31	NA	XXX
78278	.....	A	Acute GI blood loss imaging	0.99	4.98	NA	0.25	6.22	NA	XXX
78278	26	A	Acute GI blood loss imaging	0.99	0.35	0.35	0.04	1.38	1.38	XXX
78278	TC	A	Acute GI blood loss imaging	0.00	4.63	NA	0.21	4.84	NA	XXX
78282	.....	C	GI protein loss exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78282	26	A	GI protein loss exam	0.38	0.13	0.13	0.02	0.53	0.53	XXX
78282	TC	C	GI protein loss exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78290	.....	A	Meckel's divert exam	0.68	3.13	NA	0.16	3.97	NA	XXX
78290	26	A	Meckel's divert exam	0.68	0.24	0.24	0.03	0.95	0.95	XXX
78290	TC	A	Meckel's divert exam	0.00	2.89	NA	0.13	3.02	NA	XXX
78291	.....	A	Leveen/shunt patency exam	0.88	3.23	NA	0.17	4.28	NA	XXX
78291	26	A	Leveen/shunt patency exam	0.88	0.32	0.32	0.04	1.24	1.24	XXX
78291	TC	A	Leveen/shunt patency exam	0.00	2.91	NA	0.13	3.04	NA	XXX
78299	.....	C	GI nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78299	26	C	GI nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78299	TC	C	GI nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78300	.....	A	Bone imaging, limited area	0.62	2.58	NA	0.15	3.35	NA	XXX
78300	26	A	Bone imaging, limited area	0.62	0.22	0.22	0.03	0.87	0.87	XXX
78300	TC	A	Bone imaging, limited area	0.00	2.36	NA	0.12	2.48	NA	XXX
78305	.....	A	Bone imaging, multiple areas	0.83	3.78	NA	0.19	4.80	NA	XXX
78305	26	A	Bone imaging, multiple areas	0.83	0.30	0.30	0.03	1.16	1.16	XXX
78305	TC	A	Bone imaging, multiple areas	0.00	3.48	NA	0.16	3.64	NA	XXX
78306	.....	A	Bone imaging, whole body	0.86	4.37	NA	0.22	5.45	NA	XXX
78306	26	A	Bone imaging, whole body	0.86	0.31	0.31	0.04	1.21	1.21	XXX
78306	TC	A	Bone imaging, whole body	0.00	4.06	NA	0.18	4.24	NA	XXX
78315	.....	A	Bone imaging, 3 phase	1.02	4.91	NA	0.25	6.18	NA	XXX
78315	26	A	Bone imaging, 3 phase	1.02	0.37	0.37	0.04	1.43	1.43	XXX
78315	TC	A	Bone imaging, 3 phase	0.00	4.54	NA	0.21	4.75	NA	XXX
78320	.....	A	Bone imaging (3D)	1.04	6.00	NA	0.30	7.34	NA	XXX
78320	26	A	Bone imaging (3D)	1.04	0.39	0.39	0.04	1.47	1.47	XXX
78320	TC	A	Bone imaging (3D)	0.00	5.61	NA	0.26	5.87	NA	XXX
78350	.....	A	Bone mineral, single photon	0.22	0.80	NA	0.05	1.07	NA	XXX
78350	26	A	Bone mineral, single photon	0.22	0.08	0.08	0.01	0.31	0.31	XXX
78350	TC	A	Bone mineral, single photon	0.00	0.72	NA	0.04	0.76	NA	XXX
78351	.....	N	Bone mineral, dual photon	+0.30	1.64	0.12	0.01	1.95	0.43	XXX
78399	.....	C	Musculoskeletal nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78399	26	C	Musculoskeletal nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78399	TC	C	Musculoskeletal nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78414	.....	C	Non-imaging heart function	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78414	26	A	Non-imaging heart function	0.45	0.16	0.16	0.02	0.63	0.63	XXX
78414	TC	C	Non-imaging heart function	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78428	.....	A	Cardiac shunt imaging	0.78	2.46	NA	0.14	3.38	NA	XXX
78428	26	A	Cardiac shunt imaging	0.78	0.32	0.32	0.03	1.13	1.13	XXX
78428	TC	A	Cardiac shunt imaging	0.00	2.14	NA	0.11	2.25	NA	XXX
78445	.....	A	Vascular flow imaging	0.49	1.94	NA	0.11	2.54	NA	XXX
78445	26	A	Vascular flow imaging	0.49	0.18	0.18	0.02	0.69	0.69	XXX
78445	TC	A	Vascular flow imaging	0.00	1.76	NA	0.09	1.85	NA	XXX
78455	.....	A	Venous thrombosis study	0.73	4.04	NA	0.20	4.97	NA	XXX
78455	26	A	Venous thrombosis study	0.73	0.26	0.26	0.03	1.02	1.02	XXX
78455	TC	A	Venous thrombosis study	0.00	3.78	NA	0.17	3.95	NA	XXX
78456	.....	A	Acute venous thrombus image	1.00	4.15	NA	0.28	5.43	NA	XXX
78456	26	A	Acute venous thrombus image	1.00	0.37	0.37	0.04	1.41	1.41	XXX
78456	TC	A	Acute venous thrombus image	0.00	3.78	NA	0.24	4.02	NA	XXX
78457	.....	A	Venous thrombosis imaging	0.77	2.81	NA	0.15	3.73	NA	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
78457	26	A	Venous thrombosis imaging	0.77	0.28	0.28	0.03	1.08	1.08	XXX
78457	TC	A	Venous thrombosis imaging	0.00	2.53	NA	0.12	2.65	NA	XXX
78458	.....	A	Ven thrombosis images, bilat	0.90	4.17	NA	0.20	5.27	NA	XXX
78458	26	A	Ven thrombosis images, bilat	0.90	0.35	0.35	0.03	1.28	1.28	XXX
78458	TC	A	Ven thrombosis images, bilat	0.00	3.82	NA	0.17	3.99	NA	XXX
78459	.....	I	Heart muscle imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78459	26	I	Heart muscle imaging (PET)	+1.88	0.75	0.75	0.08	2.71	2.71	XXX
78459	TC	I	Heart muscle imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78460	.....	A	Heart muscle blood, single	0.86	2.55	NA	0.14	3.55	NA	XXX
78460	26	A	Heart muscle blood, single	0.86	0.31	0.31	0.03	1.20	1.20	XXX
78460	TC	A	Heart muscle blood, single	0.00	2.24	NA	0.11	2.35	NA	XXX
78461	.....	A	Heart muscle blood, multiple	1.23	4.94	NA	0.26	6.43	NA	XXX
78461	26	A	Heart muscle blood, multiple	1.23	0.46	0.46	0.05	1.74	1.74	XXX
78461	TC	A	Heart muscle blood, multiple	0.00	4.48	NA	0.21	4.69	NA	XXX
78464	.....	A	Heart image (3d), single	1.09	7.12	NA	0.35	8.56	NA	XXX
78464	26	A	Heart image (3d), single	1.09	0.41	0.41	0.04	1.54	1.54	XXX
78464	TC	A	Heart image (3d), single	0.00	6.71	NA	0.31	7.02	NA	XXX
78465	.....	A	Heart image (3d), multiple	1.46	11.76	NA	0.56	13.78	NA	XXX
78465	26	A	Heart image (3d), multiple	1.46	0.56	0.56	0.05	2.07	2.07	XXX
78465	TC	A	Heart image (3d), multiple	0.00	11.20	NA	0.51	11.71	NA	XXX
78466	.....	A	Heart infarct image	0.69	2.75	NA	0.15	3.59	NA	XXX
78466	26	A	Heart infarct image	0.69	0.26	0.26	0.03	0.98	0.98	XXX
78466	TC	A	Heart infarct image	0.00	2.49	NA	0.12	2.61	NA	XXX
78468	.....	A	Heart infarct image (ef)	0.80	3.78	NA	0.19	4.77	NA	XXX
78468	26	A	Heart infarct image (ef)	0.80	0.30	0.30	0.03	1.13	1.13	XXX
78468	TC	A	Heart infarct image (ef)	0.00	3.48	NA	0.16	3.64	NA	XXX
78469	.....	A	Heart infarct image (3D)	0.92	5.31	NA	0.26	6.49	NA	XXX
78469	26	A	Heart infarct image (3D)	0.92	0.35	0.35	0.03	1.30	1.30	XXX
78469	TC	A	Heart infarct image (3D)	0.00	4.96	NA	0.23	5.19	NA	XXX
78472	.....	A	Gated heart, planar, single	0.98	5.60	NA	0.29	6.87	NA	XXX
78472	26	A	Gated heart, planar, single	0.98	0.37	0.37	0.04	1.39	1.39	XXX
78472	TC	A	Gated heart, planar, single	0.00	5.23	NA	0.25	5.48	NA	XXX
78473	.....	A	Gated heart, multiple	1.47	8.40	NA	0.40	10.27	NA	XXX
78473	26	A	Gated heart, multiple	1.47	0.56	0.56	0.05	2.08	2.08	XXX
78473	TC	A	Gated heart, multiple	0.00	7.84	NA	0.35	8.19	NA	XXX
78478	.....	A	Heart wall motion add-on	0.62	1.72	NA	0.10	2.44	NA	ZZZ
78478	26	A	Heart wall motion add-on	0.62	0.24	0.24	0.02	0.88	0.88	ZZZ
78478	TC	A	Heart wall motion add-on	0.00	1.48	NA	0.08	1.56	NA	ZZZ
78480	.....	A	Heart function add-on	0.62	1.72	NA	0.10	2.44	NA	ZZZ
78480	26	A	Heart function add-on	0.62	0.24	0.24	0.02	0.88	0.88	ZZZ
78480	TC	A	Heart function add-on	0.00	1.48	NA	0.08	1.56	NA	ZZZ
78481	.....	A	Heart first pass, single	0.98	5.35	NA	0.26	6.59	NA	XXX
78481	26	A	Heart first pass, single	0.98	0.39	0.39	0.03	1.40	1.40	XXX
78481	TC	A	Heart first pass, single	0.00	4.96	NA	0.23	5.19	NA	XXX
78483	.....	A	Heart first pass, multiple	1.47	8.05	NA	0.39	9.91	NA	XXX
78483	26	A	Heart first pass, multiple	1.47	0.58	0.58	0.05	2.10	2.10	XXX
78483	TC	A	Heart first pass, multiple	0.00	7.47	NA	0.34	7.81	NA	XXX
78491	.....	I	Heart image (pet), single	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78491	26	I	Heart image (pet), single	+1.50	0.60	0.60	0.05	2.15	2.15	XXX
78491	TC	I	Heart image (pet), single	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78492	.....	I	Heart image (pet), multiple	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78492	26	I	Heart image (pet), multiple	+1.87	0.75	0.75	0.06	2.68	2.68	XXX
78492	TC	I	Heart image (pet), multiple	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78494	.....	A	Heart image, spect	1.19	7.15	NA	0.29	8.63	NA	XXX
78494	26	A	Heart image, spect	1.19	0.44	0.44	0.04	1.67	1.67	XXX
78494	TC	A	Heart image, spect	0.00	6.71	NA	0.25	6.96	NA	XXX
78496	.....	A	Heart first pass add-on	0.50	6.91	NA	0.27	7.68	NA	ZZZ
78496	26	A	Heart first pass add-on	0.50	0.20	0.20	0.02	0.72	0.72	ZZZ
78496	TC	A	Heart first pass add-on	0.00	6.71	NA	0.25	6.96	NA	ZZZ
78499	.....	C	Cardiovascular nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78499	26	C	Cardiovascular nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78499	TC	C	Cardiovascular nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78580	.....	A	Lung perfusion imaging	0.74	3.53	NA	0.18	4.45	NA	XXX
78580	26	A	Lung perfusion imaging	0.74	0.27	0.27	0.03	1.04	1.04	XXX
78580	TC	A	Lung perfusion imaging	0.00	3.26	NA	0.15	3.41	NA	XXX
78584	.....	A	Lung V/Q image single breath	0.99	3.39	NA	0.18	4.56	NA	XXX
78584	26	A	Lung V/Q image single breath	0.99	0.35	0.35	0.04	1.38	1.38	XXX
78584	TC	A	Lung V/Q image single breath	0.00	3.04	NA	0.14	3.18	NA	XXX
78585	.....	A	Lung V/Q imaging	1.09	5.74	NA	0.30	7.13	NA	XXX
78585	26	A	Lung V/Q imaging	1.09	0.39	0.39	0.05	1.53	1.53	XXX
78585	TC	A	Lung V/Q imaging	0.00	5.35	NA	0.25	5.60	NA	XXX
78586	.....	A	Aerosol lung image, single	0.40	2.60	NA	0.14	3.14	NA	XXX
78586	26	A	Aerosol lung image, single	0.40	0.14	0.14	0.02	0.56	0.56	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
78586	TC	A	Aerosol lung image, single	0.00	2.46	NA	0.12	2.58	NA	XXX
78587	.....	A	Aerosol lung image, multiple	0.49	2.84	NA	0.14	3.47	NA	XXX
78587	26	A	Aerosol lung image, multiple	0.49	0.18	0.18	0.02	0.69	0.69	XXX
78587	TC	A	Aerosol lung image, multiple	0.00	2.66	NA	0.12	2.78	NA	XXX
78588	.....	A	Perfusion lung image	1.09	3.43	NA	0.20	4.72	NA	XXX
78588	26	A	Perfusion lung image	1.09	0.39	0.39	0.05	1.53	1.53	XXX
78588	TC	A	Perfusion lung image	0.00	3.04	NA	0.15	3.19	NA	XXX
78591	.....	A	Vent image, 1 breath, 1 proj	0.40	2.86	NA	0.14	3.40	NA	XXX
78591	26	A	Vent image, 1 breath, 1 proj	0.40	0.15	0.15	0.02	0.57	0.57	XXX
78591	TC	A	Vent image, 1 breath, 1 proj	0.00	2.71	NA	0.12	2.83	NA	XXX
78593	.....	A	Vent image, 1 proj, gas	0.49	3.46	NA	0.17	4.12	NA	XXX
78593	26	A	Vent image, 1 proj, gas	0.49	0.18	0.18	0.02	0.69	0.69	XXX
78593	TC	A	Vent image, 1 proj, gas	0.00	3.28	NA	0.15	3.43	NA	XXX
78594	.....	A	Vent image, mult proj, gas	0.53	4.92	NA	0.23	5.68	NA	XXX
78594	26	A	Vent image, mult proj, gas	0.53	0.19	0.19	0.02	0.74	0.74	XXX
78594	TC	A	Vent image, mult proj, gas	0.00	4.73	NA	0.21	4.94	NA	XXX
78596	.....	A	Lung differential function	1.27	7.17	NA	0.36	8.80	NA	XXX
78596	26	A	Lung differential function	1.27	0.46	0.46	0.05	1.78	1.78	XXX
78596	TC	A	Lung differential function	0.00	6.71	NA	0.31	7.02	NA	XXX
78599	.....	C	Respiratory nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78599	26	C	Respiratory nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78599	TC	C	Respiratory nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78600	.....	A	Brain imaging, ltd static	0.44	2.90	NA	0.14	3.48	NA	XXX
78600	26	A	Brain imaging, ltd static	0.44	0.16	0.16	0.02	0.62	0.62	XXX
78600	TC	A	Brain imaging, ltd static	0.00	2.74	NA	0.12	2.86	NA	XXX
78601	.....	A	Brain imaging, ltd w/flow	0.51	3.41	NA	0.17	4.09	NA	XXX
78601	26	A	Brain imaging, ltd w/flow	0.51	0.18	0.18	0.02	0.71	0.71	XXX
78601	TC	A	Brain imaging, ltd w/flow	0.00	3.23	NA	0.15	3.38	NA	XXX
78605	.....	A	Brain imaging, complete	0.53	3.42	NA	0.17	4.12	NA	XXX
78605	26	A	Brain imaging, complete	0.53	0.19	0.19	0.02	0.74	0.74	XXX
78605	TC	A	Brain imaging, complete	0.00	3.23	NA	0.15	3.38	NA	XXX
78606	.....	A	Brain imaging, compl w/flow	0.64	3.90	NA	0.20	4.74	NA	XXX
78606	26	A	Brain imaging, compl w/flow	0.64	0.23	0.23	0.03	0.90	0.90	XXX
78606	TC	A	Brain imaging, compl w/flow	0.00	3.67	NA	0.17	3.84	NA	XXX
78607	.....	A	Brain imaging (3D)	1.23	6.70	NA	0.34	8.27	NA	XXX
78607	26	A	Brain imaging (3D)	1.23	0.47	0.47	0.05	1.75	1.75	XXX
78607	TC	A	Brain imaging (3D)	0.00	6.23	NA	0.29	6.52	NA	XXX
78608	.....	N	Brain imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78609	.....	N	Brain imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78610	.....	A	Brain flow imaging only	0.30	1.61	NA	0.09	2.00	NA	XXX
78610	26	A	Brain flow imaging only	0.30	0.11	0.11	0.01	0.42	0.42	XXX
78610	TC	A	Brain flow imaging only	0.00	1.50	NA	0.08	1.58	NA	XXX
78615	.....	A	Cerebral vascular flow image	0.42	3.81	NA	0.19	4.42	NA	XXX
78615	26	A	Cerebral vascular flow image	0.42	0.16	0.16	0.02	0.60	0.60	XXX
78615	TC	A	Cerebral vascular flow image	0.00	3.65	NA	0.17	3.82	NA	XXX
78630	.....	A	Cerebrospinal fluid scan	0.68	5.02	NA	0.25	5.95	NA	XXX
78630	26	A	Cerebrospinal fluid scan	0.68	0.24	0.24	0.03	0.95	0.95	XXX
78630	TC	A	Cerebrospinal fluid scan	0.00	4.78	NA	0.22	5.00	NA	XXX
78635	.....	A	CSF ventriculography	0.61	2.67	NA	0.14	3.42	NA	XXX
78635	26	A	CSF ventriculography	0.61	0.25	0.25	0.02	0.88	0.88	XXX
78635	TC	A	CSF ventriculography	0.00	2.42	NA	0.12	2.54	NA	XXX
78645	.....	A	CSF shunt evaluation	0.57	3.47	NA	0.17	4.21	NA	XXX
78645	26	A	CSF shunt evaluation	0.57	0.21	0.21	0.02	0.80	0.80	XXX
78645	TC	A	CSF shunt evaluation	0.00	3.26	NA	0.15	3.41	NA	XXX
78647	.....	A	Cerebrospinal fluid scan	0.90	5.94	NA	0.29	7.13	NA	XXX
78647	26	A	Cerebrospinal fluid scan	0.90	0.33	0.33	0.03	1.26	1.26	XXX
78647	TC	A	Cerebrospinal fluid scan	0.00	5.61	NA	0.26	5.87	NA	XXX
78650	.....	A	CSF leakage imaging	0.61	4.63	NA	0.22	5.46	NA	XXX
78650	26	A	CSF leakage imaging	0.61	0.22	0.22	0.02	0.85	0.85	XXX
78650	TC	A	CSF leakage imaging	0.00	4.41	NA	0.20	4.61	NA	XXX
78660	.....	A	Nuclear exam of tear flow	0.53	2.20	NA	0.12	2.85	NA	XXX
78660	26	A	Nuclear exam of tear flow	0.53	0.19	0.19	0.02	0.74	0.74	XXX
78660	TC	A	Nuclear exam of tear flow	0.00	2.01	NA	0.10	2.11	NA	XXX
78699	.....	C	Nervous system nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78699	26	C	Nervous system nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78699	TC	C	Nervous system nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78700	.....	A	Kidney imaging, static	0.45	3.05	NA	0.15	3.65	NA	XXX
78700	26	A	Kidney imaging, static	0.45	0.16	0.16	0.02	0.63	0.63	XXX
78700	TC	A	Kidney imaging, static	0.00	2.89	NA	0.13	3.02	NA	XXX
78701	.....	A	Kidney imaging with flow	0.49	3.55	NA	0.17	4.21	NA	XXX
78701	26	A	Kidney imaging with flow	0.49	0.17	0.17	0.02	0.68	0.68	XXX
78701	TC	A	Kidney imaging with flow	0.00	3.38	NA	0.15	3.53	NA	XXX
78704	.....	A	Imaging renogram	0.74	4.03	NA	0.20	4.97	NA	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
78704	26	A	Imaging renogram	0.74	0.27	0.27	0.03	1.04	1.04	XXX
78704	TC	A	Imaging renogram	0.00	3.76	NA	0.17	3.93	NA	XXX
78707	.....	A	Kidney flow/function image	0.96	4.59	NA	0.23	5.78	NA	XXX
78707	26	A	Kidney flow/function image	0.96	0.35	0.35	0.04	1.35	1.35	XXX
78707	TC	A	Kidney flow/function image	0.00	4.24	NA	0.19	4.43	NA	XXX
78708	.....	A	Kidney flow/function image	1.21	4.68	NA	0.24	6.13	NA	XXX
78708	26	A	Kidney flow/function image	1.21	0.44	0.44	0.05	1.70	1.70	XXX
78708	TC	A	Kidney flow/function image	0.00	4.24	NA	0.19	4.43	NA	XXX
78709	.....	A	Kidney flow/function image	1.41	4.75	NA	0.25	6.41	NA	XXX
78709	26	A	Kidney flow/function image	1.41	0.51	0.51	0.06	1.98	1.98	XXX
78709	TC	A	Kidney flow/function image	0.00	4.24	NA	0.19	4.43	NA	XXX
78710	.....	A	Kidney imaging (3D)	0.66	5.84	NA	0.29	6.79	NA	XXX
78710	26	A	Kidney imaging (3D)	0.66	0.23	0.23	0.03	0.92	0.92	XXX
78710	TC	A	Kidney imaging (3D)	0.00	5.61	NA	0.26	5.87	NA	XXX
78715	.....	A	Renal vascular flow exam	0.30	1.61	NA	0.09	2.00	NA	XXX
78715	26	A	Renal vascular flow exam	0.30	0.11	0.11	0.01	0.42	0.42	XXX
78715	TC	A	Renal vascular flow exam	0.00	1.50	NA	0.08	1.58	NA	XXX
78725	.....	A	Kidney function study	0.38	1.83	NA	0.10	2.31	NA	XXX
78725	26	A	Kidney function study	0.38	0.14	0.14	0.01	0.53	0.53	XXX
78725	TC	A	Kidney function study	0.00	1.69	NA	0.09	1.78	NA	XXX
78730	.....	A	Urinary bladder retention	0.36	1.52	NA	0.09	1.97	NA	XXX
78730	26	A	Urinary bladder retention	0.36	0.13	0.13	0.02	0.51	0.51	XXX
78730	TC	A	Urinary bladder retention	0.00	1.39	NA	0.07	1.46	NA	XXX
78740	.....	A	Ureteral reflux study	0.57	2.22	NA	0.12	2.91	NA	XXX
78740	26	A	Ureteral reflux study	0.57	0.21	0.21	0.02	0.80	0.80	XXX
78740	TC	A	Ureteral reflux study	0.00	2.01	NA	0.10	2.11	NA	XXX
78760	.....	A	Testicular imaging	0.66	2.77	NA	0.15	3.58	NA	XXX
78760	26	A	Testicular imaging	0.66	0.23	0.23	0.03	0.92	0.92	XXX
78760	TC	A	Testicular imaging	0.00	2.54	NA	0.12	2.66	NA	XXX
78761	.....	A	Testicular imaging/flow	0.71	3.30	NA	0.17	4.18	NA	XXX
78761	26	A	Testicular imaging/flow	0.71	0.26	0.26	0.03	1.00	1.00	XXX
78761	TC	A	Testicular imaging/flow	0.00	3.04	NA	0.14	3.18	NA	XXX
78799	.....	C	Genitourinary nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78799	26	C	Genitourinary nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78799	TC	C	Genitourinary nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78800	.....	A	Tumor imaging, limited area	0.66	3.46	NA	0.18	4.30	NA	XXX
78800	26	A	Tumor imaging, limited area	0.66	0.23	0.23	0.03	0.92	0.92	XXX
78800	TC	A	Tumor imaging, limited area	0.00	3.23	NA	0.15	3.38	NA	XXX
78801	.....	A	Tumor imaging, mult areas	0.79	4.30	NA	0.21	5.30	NA	XXX
78801	26	A	Tumor imaging, mult areas	0.79	0.29	0.29	0.03	1.11	1.11	XXX
78801	TC	A	Tumor imaging, mult areas	0.00	4.01	NA	0.18	4.19	NA	XXX
78802	.....	A	Tumor imaging, whole body	0.86	5.57	NA	0.28	6.71	NA	XXX
78802	26	A	Tumor imaging, whole body	0.86	0.32	0.32	0.03	1.21	1.21	XXX
78802	TC	A	Tumor imaging, whole body	0.00	5.25	NA	0.25	5.50	NA	XXX
78803	.....	A	Tumor imaging (3D)	1.09	6.64	NA	0.33	8.06	NA	XXX
78803	26	A	Tumor imaging (3D)	1.09	0.41	0.41	0.04	1.54	1.54	XXX
78803	TC	A	Tumor imaging (3D)	0.00	6.23	NA	0.29	6.52	NA	XXX
78805	.....	A	Abscess imaging, ltd area	0.73	3.50	NA	0.18	4.41	NA	XXX
78805	26	A	Abscess imaging, ltd area	0.73	0.27	0.27	0.03	1.03	1.03	XXX
78805	TC	A	Abscess imaging, ltd area	0.00	3.23	NA	0.15	3.38	NA	XXX
78806	.....	A	Abscess imaging, whole body	0.86	6.43	NA	0.32	7.61	NA	XXX
78806	26	A	Abscess imaging, whole body	0.86	0.32	0.32	0.03	1.21	1.21	XXX
78806	TC	A	Abscess imaging, whole body	0.00	6.11	NA	0.29	6.40	NA	XXX
78807	.....	A	Nuclear localization/abscess	1.09	6.66	NA	0.33	8.08	NA	XXX
78807	26	A	Nuclear localization/abscess	1.09	0.43	0.43	0.04	1.56	1.56	XXX
78807	TC	A	Nuclear localization/abscess	0.00	6.23	NA	0.29	6.52	NA	XXX
78810	.....	N	Tumor imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78810	26	N	Tumor imaging (PET)	+1.93	0.77	0.77	0.09	2.79	2.79	XXX
78810	TC	N	Tumor imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78890	.....	B	Nuclear medicine data proc	+0.05	1.26	NA	0.06	1.37	NA	XXX
78890	26	B	Nuclear medicine data proc	+0.05	0.02	0.02	0.01	0.08	0.08	XXX
78890	TC	B	Nuclear medicine data proc	+0.00	1.24	NA	0.05	1.29	NA	XXX
78891	.....	B	Nuclear med data proc	+0.10	2.53	NA	0.12	2.75	NA	XXX
78891	26	B	Nuclear med data proc	+0.10	0.04	0.04	0.01	0.15	0.15	XXX
78891	TC	B	Nuclear med data proc	+0.00	2.49	NA	0.11	2.60	NA	XXX
78990	.....	I	Provide diag radionuclide(s)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78999	.....	C	Nuclear diagnostic exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78999	26	C	Nuclear diagnostic exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78999	TC	C	Nuclear diagnostic exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79000	.....	A	Init hyperthyroid therapy	1.80	3.14	NA	0.19	5.13	NA	XXX
79000	26	A	Init hyperthyroid therapy	1.80	0.65	0.65	0.07	2.52	2.52	XXX
79000	TC	A	Init hyperthyroid therapy	0.00	2.49	NA	0.12	2.61	NA	XXX
79001	.....	A	Repeat hyperthyroid therapy	1.05	1.63	NA	0.10	2.78	NA	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
79001	26	A	Repeat hyperthyroid therapy	1.05	0.39	0.39	0.04	1.48	1.48	XXX
79001	TC	A	Repeat hyperthyroid therapy	0.00	1.24	NA	0.06	1.30	NA	XXX
79020	.....	A	Thyroid ablation	1.81	3.13	NA	0.19	5.13	NA	XXX
79020	26	A	Thyroid ablation	1.81	0.64	0.64	0.07	2.52	2.52	XXX
79020	TC	A	Thyroid ablation	0.00	2.49	NA	0.12	2.61	NA	XXX
79030	.....	A	Thyroid ablation, carcinoma	2.10	3.26	NA	0.20	5.56	NA	XXX
79030	26	A	Thyroid ablation, carcinoma	2.10	0.77	0.77	0.08	2.95	2.95	XXX
79030	TC	A	Thyroid ablation, carcinoma	0.00	2.49	NA	0.12	2.61	NA	XXX
79035	.....	A	Thyroid metastatic therapy	2.52	3.43	NA	0.21	6.16	NA	XXX
79035	26	A	Thyroid metastatic therapy	2.52	0.94	0.94	0.09	3.55	3.55	XXX
79035	TC	A	Thyroid metastatic therapy	0.00	2.49	NA	0.12	2.61	NA	XXX
79100	.....	A	Hematopoetic nuclear therapy	1.32	3.00	NA	0.17	4.49	NA	XXX
79100	26	A	Hematopoetic nuclear therapy	1.32	0.51	0.51	0.05	1.88	1.88	XXX
79100	TC	A	Hematopoetic nuclear therapy	0.00	2.49	NA	0.12	2.61	NA	XXX
79200	.....	A	Intracavitary nuclear trmt	1.99	3.23	NA	0.19	5.41	NA	XXX
79200	26	A	Intracavitary nuclear trmt	1.99	0.74	0.74	0.07	2.80	2.80	XXX
79200	TC	A	Intracavitary nuclear trmt	0.00	2.49	NA	0.12	2.61	NA	XXX
79300	.....	C	Interstitial nuclear therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79300	26	A	Interstitial nuclear therapy	1.60	0.68	0.68	0.07	2.35	2.35	XXX
79300	TC	C	Interstitial nuclear therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79400	.....	A	Nonhemato nuclear therapy	1.96	3.22	NA	0.20	5.38	NA	XXX
79400	26	A	Nonhemato nuclear therapy	1.96	0.73	0.73	0.08	2.77	2.77	XXX
79400	TC	A	Nonhemato nuclear therapy	0.00	2.49	NA	0.12	2.61	NA	XXX
79420	.....	C	Intravascular nuclear ther	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79420	26	A	Intravascular nuclear ther	1.51	0.54	0.54	0.06	2.11	2.11	XXX
79420	TC	C	Intravascular nuclear ther	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79440	.....	A	Nuclear joint therapy	1.99	3.29	NA	0.20	5.48	NA	XXX
79440	26	A	Nuclear joint therapy	1.99	0.80	0.80	0.08	2.87	2.87	XXX
79440	TC	A	Nuclear joint therapy	0.00	2.49	NA	0.12	2.61	NA	XXX
79900	.....	C	Provide ther radiopharm(s)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79999	.....	C	Nuclear medicine therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79999	26	C	Nuclear medicine therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79999	TC	C	Nuclear medicine therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80048	.....	X	Basic metabolic panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80050	.....	N	General health panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80051	.....	X	Electrolyte panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80053	.....	X	Comprehen metabolic panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80055	.....	I	Obstetric panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80061	.....	X	Lipid panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80069	.....	X	Renal function panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80072	.....	D	Arthritis panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80074	.....	X	Acute hepatitis panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80076	.....	X	Hepatic function panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80090	.....	X	Torch antibody panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80100	.....	X	Drug screen, qualitate/multi	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80101	.....	X	Drug screen, single	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80102	.....	X	Drug confirmation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80103	.....	X	Drug analysis, tissue prep	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80150	.....	X	Assay of amikacin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80152	.....	X	Assay of amitriptyline	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80154	.....	X	Assay of benzodiazepines	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80156	.....	X	Assay, carbamazepine, total	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80157	.....	X	Assay, carbamazepine, free	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80158	.....	X	Assay of cyclosporine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80160	.....	X	Assay of desipramine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80162	.....	X	Assay of digoxin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80164	.....	X	Assay, dipropylacetic acid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80166	.....	X	Assay of doxepin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80168	.....	X	Assay of ethosuximide	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80170	.....	X	Assay of gentamicin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80172	.....	X	Assay of gold	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80173	.....	X	Assay of haloperidol	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80174	.....	X	Assay of imipramine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80176	.....	X	Assay of lidocaine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80178	.....	X	Assay of lithium	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80182	.....	X	Assay of nortriptyline	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80184	.....	X	Assay of phenobarbital	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80185	.....	X	Assay of phenytoin, total	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80186	.....	X	Assay of phenytoin, free	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80188	.....	X	Assay of primidone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80190	.....	X	Assay of procainamide	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80192	.....	X	Assay of procainamide	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80194	.....	X	Assay of quinidine	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[3] +Indicates RVUs are not used for Medicare payment.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
80196		X	Assay of salicylate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80197		X	Assay of tacrolimus	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80198		X	Assay of theophylline	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80200		X	Assay of tobramycin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80201		X	Assay of topiramate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80202		X	Assay of vancomycin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80299		X	Quantitative assay, drug	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80400		X	Acth stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80402		X	Acth stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80406		X	Acth stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80408		X	Aldosterone suppression eval	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80410		X	Calcitonin stimul panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80412		X	CRH stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80414		X	Testosterone response	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80415		X	Estradiol response panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80416		X	Renin stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80417		X	Renin stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80418		X	Pituitary evaluation panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80420		X	Dexamethasone panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80422		X	Glucagon tolerance panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80424		X	Glucagon tolerance panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80426		X	Gonadotropin hormone panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80428		X	Growth hormone panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80430		X	Growth hormone panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80432		X	Insulin suppression panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80434		X	Insulin tolerance panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80435		X	Insulin tolerance panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80436		X	Metyrapone panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80438		X	TRH stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80439		X	TRH stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80440		X	TRH stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80500		A	Lab pathology consultation	0.37	0.21	0.17	0.01	0.59	0.55	XXX
80502		A	Lab pathology consultation	1.33	0.63	0.61	0.05	2.01	1.99	XXX
81000		X	Urinalysis, nonauto w/scope	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81001		X	Urinalysis, auto w/scope	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81002		X	Urinalysis nonauto w/o scope	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81003		X	Urinalysis, auto, w/o scope	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81005		X	Urinalysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81007		X	Urine screen for bacteria	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81015		X	Microscopic exam of urine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81020		X	Urinalysis, glass test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81025		X	Urine pregnancy test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81050		X	Urinalysis, volume measure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81099		X	Urinalysis test procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82000		X	Assay of blood acetaldehyde	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82003		X	Assay of acetaminophen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82009		X	Test for acetone/ketones	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82010		X	Acetone assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82013		X	Acetylcholinesterase assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82016		X	Acylcarnitines, qual	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82017		X	Acylcarnitines, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82024		X	Assay of acth	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82030		X	Assay of adp & amp	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82040		X	Assay of serum albumin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82042		X	Assay of urine albumin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82043		X	Microalbumin, quantitative	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82044		X	Microalbumin, semiquant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82055		X	Assay of ethanol	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82075		X	Assay of breath ethanol	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82085		X	Assay of aldolase	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82088		X	Assay of aldosterone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82101		X	Assay of urine alkaloids	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82103		X	Alpha-1-antitrypsin, total	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82104		X	Alpha-1-antitrypsin, pheno	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82105		X	Alpha-fetoprotein, serum	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82106		X	Alpha-fetoprotein, amniotic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82108		X	Assay of aluminum	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82120		X	Amines, vaginal fluid qual	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82127		X	Amino acid, single qual	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82128		X	Amino acids, mult qual	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82131		X	Amino acids, single quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82135		X	Assay, aminolevulinic acid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82136		X	Amino acids, quant, 2-5	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
82139		X	Amino acids, quan, 6 or more	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82140		X	Assay of ammonia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82143		X	Amniotic fluid scan	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82145		X	Assay of amphetamines	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82150		X	Assay of amylase	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82154		X	Androstanediol glucuronide	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82157		X	Assay of androstenedione	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82160		X	Assay of androsterone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82163		X	Assay of angiotensin II	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82164		X	Angiotensin I enzyme test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82172		X	Assay of apolipoprotein	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82175		X	Assay of arsenic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82180		X	Assay of ascorbic acid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82190		X	Atomic absorption	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82205		X	Assay of barbiturates	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82232		X	Assay of beta-2 protein	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82239		X	Bile acids, total	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82240		X	Bile acids, cholylglycine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82247		X	Bilirubin, total	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82248		X	Bilirubin, direct	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82252		X	Fecal bilirubin test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82261		X	Assay of biotinidase	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82270		X	Test for blood, feces	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82273		X	Test for blood, other source	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82274		X	Assay test for blood, fecal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82286		X	Assay of bradykinin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82300		X	Assay of cadmium	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82306		X	Assay of vitamin D	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82307		X	Assay of vitamin D	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82308		X	Assay of calcitonin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82310		X	Assay of calcium	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82330		X	Assay of calcium	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82331		X	Calcium infusion test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82340		X	Assay of calcium in urine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82355		X	Calculus analysis, qual	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82360		X	Calculus assay, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82365		X	Calculus spectroscopy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82370		X	X-ray assay, calculus	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82373		X	Assay, c-d transfer measure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82374		X	Assay, blood carbon dioxide	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82375		X	Assay, blood carbon monoxide	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82376		X	Test for carbon monoxide	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82378		X	Carcinoembryonic antigen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82379		X	Assay of carnitine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82380		X	Assay of carotene	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82382		X	Assay, urine catecholamines	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82383		X	Assay, blood catecholamines	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82384		X	Assay, three catecholamines	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82387		X	Assay of cathepsin-d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82390		X	Assay of ceruloplasmin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82397		X	Chemiluminescent assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82415		X	Assay of chloramphenicol	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82435		X	Assay of blood chloride	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82436		X	Assay of urine chloride	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82438		X	Assay, other fluid chlorides	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82441		X	Test for chlorohydrocarbons	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82465		X	Assay, bld/serum cholesterol	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82480		X	Assay, serum cholinesterase	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82482		X	Assay, rbc cholinesterase	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82485		X	Assay, chondroitin sulfate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82486		X	Gas/liquid chromatography	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82487		X	Paper chromatography	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82488		X	Paper chromatography	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82489		X	Thin layer chromatography	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82491		X	Chromotography, quant, sing	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82492		X	Chromotography, quant, mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82495		X	Assay of chromium	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82507		X	Assay of citrate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82520		X	Assay of cocaine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82523		X	Collagen crosslinks	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82525		X	Assay of copper	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82528		X	Assay of corticosterone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82530		X	Cortisol, free	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
82533		X	Total cortisol	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82540		X	Assay of creatine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82541		X	Column chromotography, qual	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82542		X	Column chromotography, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82543		X	Column chromotograph/isotope	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82544		X	Column chromotograph/isotope	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82550		X	Assay of ck (cpk)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82552		X	Assay of cpk in blood	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82553		X	Creatine, MB fraction	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82554		X	Creatine, isoforms	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82565		X	Assay of creatinine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82570		X	Assay of urine creatinine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82575		X	Creatinine clearance test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82585		X	Assay of cryofibrinogen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82595		X	Assay of cryoglobulin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82600		X	Assay of cyanide	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82607		X	Vitamin B-12	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82608		X	B-12 binding capacity	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82615		X	Test for urine cystines	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82626		X	Dehydroepiandrosterone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82627		X	Dehydroepiandrosterone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82633		X	Desoxycorticosterone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82634		X	Deoxycortisol	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82638		X	Assay of dibucaine number	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82646		X	Assay of dihydrocodeinone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82649		X	Assay of dihydromorphinone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82651		X	Assay of dihydrotestosterone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82652		X	Assay of dihydroxyvitamin d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82654		X	Assay of dimethadione	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82657		X	Enzyme cell activity	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82658		X	Enzyme cell activity, ra	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82664		X	Electrophoretic test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82666		X	Assay of epiandrosterone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82668		X	Assay of erythropoietin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82670		X	Assay of estradiol	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82671		X	Assay of estrogens	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82672		X	Assay of estrogen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82677		X	Assay of estriol	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82679		X	Assay of estrone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82690		X	Assay of ethchlorvynol	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82693		X	Assay of ethylene glycol	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82696		X	Assay of etiocholanolone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82705		X	Fats/lipids, feces, qual	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82710		X	Fats/lipids, feces, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82715		X	Assay of fecal fat	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82725		X	Assay of blood fatty acids	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82726		X	Long chain fatty acids	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82728		X	Assay of ferritin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82731		X	Assay of fetal fibronectin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82735		X	Assay of fluoride	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82742		X	Assay of flurazepam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82746		X	Blood folic acid serum	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82747		X	Assay of folic acid, rbc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82757		X	Assay of semen fructose	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82759		X	Assay of rbc galactokinase	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82760		X	Assay of galactose	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82775		X	Assay galactose transferase	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82776		X	Galactose transferase test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82784		X	Assay of gammaglobulin igm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82785		X	Assay of gammaglobulin ige	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82787		X	Igg 1, 2, 3 or 4, each	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82800		X	Blood pH	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82803		X	Blood gases: pH, pO2 & pCO2	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82805		X	Blood gases W/02 saturation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82810		X	Blood gases, O2 sat only	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82820		X	Hemoglobin-oxygen affinity	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82926		X	Assay of gastric acid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82928		X	Assay of gastric acid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82938		X	Gastrin test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82941		X	Assay of gastrin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82943		X	Assay of glucagon	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82945		X	Glucose other fluid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82946		X	Glucagon tolerance test	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
82947	.....	X	Assay, glucose, blood quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82948	.....	X	Reagent strip/blood glucose	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82950	.....	X	Glucose test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82951	.....	X	Glucose tolerance test (GTT)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82952	.....	X	GTT-added samples	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82953	.....	X	Glucose-tolbutamide test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82955	.....	X	Assay of g6pd enzyme	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82960	.....	X	Test for G6PD enzyme	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82962	.....	X	Glucose blood test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82963	.....	X	Assay of glucosidase	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82965	.....	X	Assay of gdh enzyme	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82975	.....	X	Assay of glutamine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82977	.....	X	Assay of GGT	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82978	.....	X	Assay of glutathione	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82979	.....	X	Assay, rbc glutathione	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82980	.....	X	Assay of glutethimide	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82985	.....	X	Glycated protein	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83001	.....	X	Gonadotropin (FSH)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83002	.....	X	Gonadotropin (LH)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83003	.....	X	Assay, growth hormone (hgh)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83008	.....	X	Assay of guanosine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83010	.....	X	Assay of haptoglobin, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83012	.....	X	Assay of haptoglobins	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83013	.....	X	H pylori analysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83014	.....	X	H pylori drug admin/collect	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83015	.....	X	Heavy metal screen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83018	.....	X	Quantitative screen, metals	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83020	.....	X	Hemoglobin electrophoresis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83020	26	A	Hemoglobin electrophoresis	0.37	0.17	0.17	0.01	0.55	0.55	XXX
83021	.....	X	Hemoglobin chromotography	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83026	.....	X	Hemoglobin, copper sulfate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83030	.....	X	Fetal hemoglobin, chemical	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83033	.....	X	Fetal hemoglobin assay, qual	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83036	.....	X	Glycated hemoglobin test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83045	.....	X	Blood methemoglobin test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83050	.....	X	Blood methemoglobin assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83051	.....	X	Assay of plasma hemoglobin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83055	.....	X	Blood sulfhemoglobin test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83060	.....	X	Blood sulfhemoglobin assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83065	.....	X	Assay of hemoglobin heat	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83068	.....	X	Hemoglobin stability screen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83069	.....	X	Assay of urine hemoglobin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83070	.....	X	Assay of hemosiderin, qual	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83071	.....	X	Assay of hemosiderin, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83080	.....	X	Assay of b hexosaminidase	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83088	.....	X	Assay of histamine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83090	.....	X	Assay of homocystine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83150	.....	X	Assay of for hva	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83491	.....	X	Assay of corticosteroids	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83497	.....	X	Assay of 5-hiaa	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83498	.....	X	Assay of progesterone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83499	.....	X	Assay of progesterone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83500	.....	X	Assay, free hydroxyproline	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83505	.....	X	Assay, total hydroxyproline	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83516	.....	X	Immunoassay, nonantibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83518	.....	X	Immunoassay, dipstick	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83519	.....	X	Immunoassay, nonantibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83520	.....	X	Immunoassay, RIA	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83525	.....	X	Assay of insulin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83527	.....	X	Assay of insulin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83528	.....	X	Assay of intrinsic factor	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83540	.....	X	Assay of iron	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83550	.....	X	Iron binding test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83570	.....	X	Assay of idh enzyme	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83582	.....	X	Assay of ketogenic steroids	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83586	.....	X	Assay 17- ketosteroids	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83593	.....	X	Fractionation, ketosteroids	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83605	.....	X	Assay of lactic acid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83615	.....	X	Lactate (LD) (LDH) enzyme	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83625	.....	X	Assay of ldh enzymes	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83632	.....	X	Placental lactogen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83633	.....	X	Test urine for lactose	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83634	.....	X	Assay of urine for lactose	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
83655	.....	X	Assay of lead	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83661	.....	X	L/s ratio, fetal lung	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83662	.....	X	Foam stability, fetal lung	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83663	.....	X	Fluoro polarize, fetal lung	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83664	.....	X	Lamellar bdy, fetal lung	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83670	.....	X	Assay of lap enzyme	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83690	.....	X	Assay of lipase	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83715	.....	X	Assay of blood lipoproteins	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83716	.....	X	Assay of blood lipoproteins	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83718	.....	X	Assay of lipoprotein	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83719	.....	X	Assay of blood lipoprotein	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83721	.....	X	Assay of blood lipoprotein	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83727	.....	X	Assay of lrh hormone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83735	.....	X	Assay of magnesium	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83775	.....	X	Assay of md enzyme	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83785	.....	X	Assay of manganese	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83788	.....	X	Mass spectrometry qual	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83789	.....	X	Mass spectrometry quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83805	.....	X	Assay of meprobamate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83825	.....	X	Assay of mercury	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83835	.....	X	Assay of metanephrines	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83840	.....	X	Assay of methadone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83857	.....	X	Assay of methemalbumin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83858	.....	X	Assay of methsuximide	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83864	.....	X	Mucopolysaccharides	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83866	.....	X	Mucopolysaccharides screen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83872	.....	X	Assay synovial fluid mucin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83873	.....	X	Assay of csf protein	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83874	.....	X	Assay of myoglobin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83883	.....	X	Assay, nephelometry not spec	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83885	.....	X	Assay of nickel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83887	.....	X	Assay of nicotine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83890	.....	X	Molecule isolate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83891	.....	X	Molecule isolate nucleic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83892	.....	X	Molecular diagnostics	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83893	.....	X	Molecule dot/slot/blot	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83894	.....	X	Molecule gel electrophor	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83896	.....	X	Molecular diagnostics	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83897	.....	X	Molecule nucleic transfer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83898	.....	X	Molecule nucleic ampli	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83901	.....	X	Molecule nucleic ampli	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83902	.....	X	Molecular diagnostics	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83903	.....	X	Molecule mutation scan	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83904	.....	X	Molecule mutation identify	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83905	.....	X	Molecule mutation identify	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83906	.....	X	Molecule mutation identify	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83912	.....	X	Genetic examination	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83912	26	A	Genetic examination	0.37	0.17	0.17	0.01	0.55	0.55	XXX
83915	.....	X	Assay of nucleotidase	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83916	.....	X	Oligoclonal bands	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83918	.....	X	Organic acids, total, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83919	.....	X	Organic acids, qual, each	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83921	.....	X	Organic acid, single, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83925	.....	X	Assay of opiates	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83930	.....	X	Assay of blood osmolality	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83935	.....	X	Assay of urine osmolality	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83937	.....	X	Assay of osteocalcin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83945	.....	X	Assay of oxalate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83950	.....	X	Oncorprotein, her-2/neu	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83970	.....	X	Assay of parathormone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83986	.....	X	Assay of body fluid acidity	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83992	.....	X	Assay for phencyclidine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84022	.....	X	Assay of phenothiazine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84030	.....	X	Assay of blood pku	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84035	.....	X	Assay of phenylketones	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84060	.....	X	Assay acid phosphatase	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84061	.....	X	Phosphatase, forensic exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84066	.....	X	Assay prostate phosphatase	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84075	.....	X	Assay alkaline phosphatase	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84078	.....	X	Assay alkaline phosphatase	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84080	.....	X	Assay alkaline phosphatases	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84081	.....	X	Amniotic fluid enzyme test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84085	.....	X	Assay of rbc pg6d enzyme	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
84087	.....	X	Assay phosphohexose enzymes	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84100	.....	X	Assay of phosphorus	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84105	.....	X	Assay of urine phosphorus	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84106	.....	X	Test for porphobilinogen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84110	.....	X	Assay of porphobilinogen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84119	.....	X	Test urine for porphyrins	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84120	.....	X	Assay of urine porphyrins	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84126	.....	X	Assay of feces porphyrins	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84127	.....	X	Assay of feces porphyrins	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84132	.....	X	Assay of serum potassium	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84133	.....	X	Assay of urine potassium	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84134	.....	X	Assay of prealbumin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84135	.....	X	Assay of pregnanediol	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84138	.....	X	Assay of pregnanetriol	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84140	.....	X	Assay of pregnenolone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84143	.....	X	Assay of 17-hydroxypregneno	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84144	.....	X	Assay of progesterone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84146	.....	X	Assay of prolactin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84150	.....	X	Assay of prostaglandin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84152	.....	X	Assay of psa, complexed	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84153	.....	X	Assay of psa, total	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84154	.....	X	Assay of psa, free	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84155	.....	X	Assay of protein	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84160	.....	X	Assay of serum protein	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84165	.....	X	Assay of serum proteins	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84165	26	A	Assay of serum proteins	0.37	0.17	0.17	0.01	0.55	0.55	XXX
84181	.....	X	Western blot test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84181	26	A	Western blot test	0.37	0.15	0.15	0.01	0.53	0.53	XXX
84182	.....	X	Protein, western blot test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84182	26	A	Protein, western blot test	0.37	0.15	0.15	0.01	0.53	0.53	XXX
84202	.....	X	Assay RBC protoporphyrin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84203	.....	X	Test RBC protoporphyrin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84206	.....	X	Assay of proinsulin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84207	.....	X	Assay of vitamin b-6	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84210	.....	X	Assay of pyruvate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84220	.....	X	Assay of pyruvate kinase	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84228	.....	X	Assay of quinine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84233	.....	X	Assay of estrogen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84234	.....	X	Assay of progesterone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84235	.....	X	Assay of endocrine hormone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84238	.....	X	Assay, nonendocrine receptor	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84244	.....	X	Assay of renin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84252	.....	X	Assay of vitamin b-2	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84255	.....	X	Assay of selenium	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84260	.....	X	Assay of serotonin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84270	.....	X	Assay of sex hormone globul	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84275	.....	X	Assay of sialic acid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84285	.....	X	Assay of silica	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84295	.....	X	Assay of serum sodium	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84300	.....	X	Assay of urine sodium	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84305	.....	X	Assay of somatomedin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84307	.....	X	Assay of somatostatin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84311	.....	X	Spectrophotometry	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84315	.....	X	Body fluid specific gravity	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84375	.....	X	Chromatogram assay, sugars	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84376	.....	X	Sugars, single, qual	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84377	.....	X	Sugars, multiple, qual	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84378	.....	X	Sugars single quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84379	.....	X	Sugars multiple quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84392	.....	X	Assay of urine sulfate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84402	.....	X	Assay of testosterone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84403	.....	X	Assay of total testosterone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84425	.....	X	Assay of vitamin b-1	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84430	.....	X	Assay of thiocyanate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84432	.....	X	Assay of thyroglobulin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84436	.....	X	Assay of total thyroxine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84437	.....	X	Assay of neonatal thyroxine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84439	.....	X	Assay of free thyroxine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84442	.....	X	Assay of thyroid activity	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84443	.....	X	Assay thyroid stim hormone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84445	.....	X	Assay of tsi	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84446	.....	X	Assay of vitamin e	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84449	.....	X	Assay of transcortin	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
84450		X	Transferase (AST) (SGOT)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84460		X	Alanine amino (ALT) (SGPT)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84466		X	Assay of transferrin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84478		X	Assay of triglycerides	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84479		X	Assay of thyroid (t3 or t4)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84480		X	Assay, triiodothyronine (t3)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84481		X	Free assay (FT-3)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84482		X	Reverse assay (t3)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84484		X	Assay of troponin, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84485		X	Assay duodenal fluid trypsin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84488		X	Test feces for trypsin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84490		X	Assay of feces for trypsin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84510		X	Assay of tyrosine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84512		X	Assay of troponin, qual	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84520		X	Assay of urea nitrogen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84525		X	Urea nitrogen semi-quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84540		X	Assay of urine/urea-n	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84545		X	Urea-N clearance test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84550		X	Assay of blood/uric acid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84560		X	Assay of urine/uric acid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84577		X	Assay of feces/urobilinogen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84578		X	Test urine urobilinogen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84580		X	Assay of urine urobilinogen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84583		X	Assay of urine urobilinogen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84585		X	Assay of urine vma	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84586		X	Assay of vip	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84588		X	Assay of vasopressin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84590		X	Assay of vitamin a	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84591		X	Assay of nos vitamin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84597		X	Assay of vitamin k	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84600		X	Assay of volatiles	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84620		X	Xylose tolerance test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84630		X	Assay of zinc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84681		X	Assay of c-peptide	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84702		X	Chorionic gonadotropin test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84703		X	Chorionic gonadotropin assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84830		X	Ovulation tests	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84999		X	Clinical chemistry test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85002		X	Bleeding time test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85007		X	Differential WBC count	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85008		X	Nondifferential WBC count	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85009		X	Differential WBC count	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85013		X	Hematocrit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85014		X	Hematocrit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85018		X	Hemoglobin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85021		X	Automated hemogram	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85022		X	Automated hemogram	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85023		X	Automated hemogram	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85024		X	Automated hemogram	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85025		X	Automated hemogram	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85027		X	Automated hemogram	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85031		X	Manual hemogram, cbc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85041		X	Red blood cell (RBC) count	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85044		X	Reticulocyte count	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85045		X	Reticulocyte count	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85046		X	Reticyte/hgb concentrate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85048		X	White blood cell (WBC) count	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85060		A	Blood smear interpretation	0.45	0.19	0.19	0.02	0.66	0.66	XXX
85095		D	Bone marrow aspiration	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85097		A	Bone marrow interpretation	0.94	1.75	0.43	0.03	2.72	1.40	XXX
85102		D	Bone marrow biopsy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85130		X	Chromogenic substrate assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85170		X	Blood clot retraction	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85175		X	Blood clot lysis time	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85210		X	Blood clot factor II test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85220		X	Blood clot factor V test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85230		X	Blood clot factor VII test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85240		X	Blood clot factor VIII test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85244		X	Blood clot factor VIII test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85245		X	Blood clot factor VIII test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85246		X	Blood clot factor VIII test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85247		X	Blood clot factor VIII test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85250		X	Blood clot factor IX test	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
85260	.....	X	Blood clot factor X test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85270	.....	X	Blood clot factor XI test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85280	.....	X	Blood clot factor XII test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85290	.....	X	Blood clot factor XIII test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85291	.....	X	Blood clot factor XIII test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85292	.....	X	Blood clot factor assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85293	.....	X	Blood clot factor assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85300	.....	X	Antithrombin III test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85301	.....	X	Antithrombin III test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85302	.....	X	Blood clot inhibitor antigen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85303	.....	X	Blood clot inhibitor test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85305	.....	X	Blood clot inhibitor assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85306	.....	X	Blood clot inhibitor test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85307	.....	X	Assay activated protein c	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85335	.....	X	Factor inhibitor test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85337	.....	X	Thrombomodulin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85345	.....	X	Coagulation time	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85347	.....	X	Coagulation time	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85348	.....	X	Coagulation time	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85360	.....	X	Euglobulin lysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85362	.....	X	Fibrin degradation products	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85366	.....	X	Fibrinogen test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85370	.....	X	Fibrinogen test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85378	.....	X	Fibrin degradation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85379	.....	X	Fibrin degradation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85384	.....	X	Fibrinogen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85385	.....	X	Fibrinogen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85390	.....	X	Fibrinolysins screen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85390	26	A	Fibrinolysins screen	0.37	0.12	0.12	0.01	0.50	0.50	XXX
85400	.....	X	Fibrinolytic plasmin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85410	.....	X	Fibrinolytic antiplasmin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85415	.....	X	Fibrinolytic plasminogen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85420	.....	X	Fibrinolytic plasminogen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85421	.....	X	Fibrinolytic plasminogen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85441	.....	X	Heinz bodies, direct	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85445	.....	X	Heinz bodies, induced	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85460	.....	X	Hemoglobin, fetal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85461	.....	X	Hemoglobin, fetal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85475	.....	X	Hemolysin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85520	.....	X	Heparin assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85525	.....	X	Heparin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85530	.....	X	Heparin-protamine tolerance	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85535	.....	D	Iron stain, blood cells	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85536	.....	X	Iron stain peripheral blood	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85540	.....	X	Wbc alkaline phosphatase	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85547	.....	X	RBC mechanical fragility	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85549	.....	X	Muramidase	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85555	.....	X	RBC osmotic fragility	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85557	.....	X	RBC osmotic fragility	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85576	.....	X	Blood platelet aggregation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85576	26	A	Blood platelet aggregation	0.37	0.16	0.16	0.01	0.54	0.54	XXX
85585	.....	X	Blood platelet estimation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85590	.....	X	Platelet count, manual	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85595	.....	X	Platelet count, automated	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85597	.....	X	Platelet neutralization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85610	.....	X	Prothrombin time	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85611	.....	X	Prothrombin test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85612	.....	X	Viper venom prothrombin time	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85613	.....	X	Russell viper venom, diluted	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85635	.....	X	Reptilase test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85651	.....	X	Rbc sed rate, nonautomated	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85652	.....	X	Rbc sed rate, automated	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85660	.....	X	RBC sickle cell test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85670	.....	X	Thrombin time, plasma	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85675	.....	X	Thrombin time, titer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85705	.....	X	Thromboplastin inhibition	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85730	.....	X	Thromboplastin time, partial	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85732	.....	X	Thromboplastin time, partial	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85810	.....	X	Blood viscosity examination	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85999	.....	X	Hematology procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86000	.....	X	Agglutinins, febrile	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86001	.....	X	Allergen specific igg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86003	.....	X	Allergen specific IgE	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
86005	.....	X	Allergen specific IgE	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86021	.....	X	WBC antibody identification	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86022	.....	X	Platelet antibodies	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86023	.....	X	Immunoglobulin assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86038	.....	X	Antinuclear antibodies	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86039	.....	X	Antinuclear antibodies (ANA)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86060	.....	X	Antistreptolysin o, titer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86063	.....	X	Antistreptolysin o, screen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86077	.....	A	Physician blood bank service	0.94	0.48	0.43	0.03	1.45	1.40	XXX
86078	.....	A	Physician blood bank service	0.94	0.51	0.43	0.03	1.48	1.40	XXX
86079	.....	A	Physician blood bank service	0.94	0.50	0.44	0.03	1.47	1.41	XXX
86140	.....	X	C-reactive protein	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86141	.....	X	C-reactive protein, hs	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86146	.....	X	Glycoprotein antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86147	.....	X	Cardiolipin antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86148	.....	X	Phospholipid antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86155	.....	X	Chemotaxis assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86156	.....	X	Cold agglutinin, screen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86157	.....	X	Cold agglutinin, titer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86160	.....	X	Complement, antigen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86161	.....	X	Complement/function activity	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86162	.....	X	Complement, total (CH50)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86171	.....	X	Complement fixation, each	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86185	.....	X	Counterimmunoelectrophoresis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86215	.....	X	Deoxyribonuclease, antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86225	.....	X	DNA antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86226	.....	X	DNA antibody, single strand	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86235	.....	X	Nuclear antigen antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86243	.....	X	Fc receptor	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86255	.....	X	Fluorescent antibody, screen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86255	26	A	Fluorescent antibody, screen	0.37	0.17	0.17	0.01	0.55	0.55	XXX
86256	.....	X	Fluorescent antibody, titer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86256	26	A	Fluorescent antibody, titer	0.37	0.17	0.17	0.01	0.55	0.55	XXX
86277	.....	X	Growth hormone antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86280	.....	X	Hemagglutination inhibition	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86294	.....	X	Immunoassay, tumor qual	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86300	.....	X	Immunoassay, tumor ca 15–3	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86301	.....	X	Immunoassay, tumor ca 19–9	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86304	.....	X	Immunoassay, tumor, ca 125	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86308	.....	X	Heterophile antibodies	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86309	.....	X	Heterophile antibodies	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86310	.....	X	Heterophile antibodies	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86316	.....	X	Immunoassay, tumor other	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86317	.....	X	Immunoassay, infectious agent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86318	.....	X	Immunoassay, infectious agent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86320	.....	X	Serum immunoelectrophoresis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86320	26	A	Serum immunoelectrophoresis	0.37	0.17	0.17	0.01	0.55	0.55	XXX
86325	.....	X	Other immunoelectrophoresis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86325	26	A	Other immunoelectrophoresis	0.37	0.17	0.17	0.01	0.55	0.55	XXX
86327	.....	X	Immunoelectrophoresis assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86327	26	A	Immunoelectrophoresis assay	0.42	0.20	0.20	0.01	0.63	0.63	XXX
86329	.....	X	Immunodiffusion	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86331	.....	X	Immunodiffusion ouchterlony	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86332	.....	X	Immune complex assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86334	.....	X	Immunofixation procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86334	26	A	Immunofixation procedure	0.37	0.17	0.17	0.01	0.55	0.55	XXX
86336	.....	X	Inhibin A	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86337	.....	X	Insulin antibodies	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86340	.....	X	Intrinsic factor antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86341	.....	X	Islet cell antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86343	.....	X	Leukocyte histamine release	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86344	.....	X	Leukocyte phagocytosis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86353	.....	X	Lymphocyte transformation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86359	.....	X	T cells, total count	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86360	.....	X	T cell, absolute count/ratio	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86361	.....	X	T cell, absolute count	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86376	.....	X	Microsomal antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86378	.....	X	Migration inhibitory factor	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86382	.....	X	Neutralization test, viral	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86384	.....	X	Nitroblue tetrazolium dye	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86403	.....	X	Particle agglutination test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86406	.....	X	Particle agglutination test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86430	.....	X	Rheumatoid factor test	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
86431	.....	X	Rheumatoid factor, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86485	.....	C	Skin test, candida	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86490	.....	A	Coccidioidomycosis skin test	0.00	0.28	NA	0.02	0.30	NA	XXX
86510	.....	A	Histoplasmosis skin test	0.00	0.30	NA	0.02	0.32	NA	XXX
86580	.....	A	TB intradermal test	0.00	0.24	NA	0.02	0.26	NA	XXX
86585	.....	A	TB tine test	0.00	0.19	NA	0.01	0.20	NA	XXX
86586	.....	C	Skin test, unlisted	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86590	.....	X	Streptokinase, antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86592	.....	X	Blood serology, qualitative	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86593	.....	X	Blood serology, quantitative	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86602	.....	X	Antinomyces antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86603	.....	X	Adenovirus antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86606	.....	X	Aspergillus antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86609	.....	X	Bacterium antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86611	.....	X	Bartonella antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86612	.....	X	Blastomyces antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86615	.....	X	Bordetella antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86617	.....	X	Lyme disease antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86618	.....	X	Lyme disease antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86619	.....	X	Borrelia antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86622	.....	X	Brucella antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86625	.....	X	Campylobacter antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86628	.....	X	Candida antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86631	.....	X	Chlamydia antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86632	.....	X	Chlamydia igm antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86635	.....	X	Coccidioides antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86638	.....	X	Q fever antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86641	.....	X	Cryptococcus antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86644	.....	X	CMV antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86645	.....	X	CMV antibody, IgM	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86648	.....	X	Diphtheria antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86651	.....	X	Encephalitis antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86652	.....	X	Encephalitis antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86653	.....	X	Encephalitis antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86654	.....	X	Encephalitis antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86658	.....	X	Enterovirus antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86663	.....	X	Epstein-barr antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86664	.....	X	Epstein-barr antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86665	.....	X	Epstein-barr antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86666	.....	X	Ehrlichia antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86668	.....	X	Francisella tularensis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86671	.....	X	Fungus antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86674	.....	X	Giardia lamblia antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86677	.....	X	Helicobacter pylori	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86682	.....	X	Helminth antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86683	.....	D	Hemoglobin, fecal antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86684	.....	X	Hemophilus influenza	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86687	.....	X	Htlv-i antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86688	.....	X	Htlv-ii antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86689	.....	X	HTLV/HIV confirmatory test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86692	.....	X	Hepatitis, delta agent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86694	.....	X	Herpes simplex test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86695	.....	X	Herpes simplex test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86696	.....	X	Herpes simplex type 2	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86698	.....	X	Histoplasma	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86701	.....	X	HIV–1	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86702	.....	X	HIV–2	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86703	.....	X	HIV–1/HIV–2, single assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86704	.....	X	Hep b core antibody, total	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86705	.....	X	Hep b core antibody, igm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86706	.....	X	Hep b surface antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86707	.....	X	Hep be antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86708	.....	X	Hep a antibody, total	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86709	.....	X	Hep a antibody, igm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86710	.....	X	Influenza virus antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86713	.....	X	Legionella antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86717	.....	X	Leishmania antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86720	.....	X	Leptospira antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86723	.....	X	Listeria monocytogenes ab	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86727	.....	X	Lymph choriomeningitis ab	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86729	.....	X	Lympho venereum antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86732	.....	X	Mucormycosis antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86735	.....	X	Mumps antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
86738		X	Mycoplasma antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86741		X	Neisseria meningitidis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86744		X	Nocardia antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86747		X	Parvovirus antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86750		X	Malaria antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86753		X	Protozoa antibody nos	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86756		X	Respiratory virus antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86757		X	Rickettsia antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86759		X	Rotavirus antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86762		X	Rubella antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86765		X	Rubeola antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86768		X	Salmonella antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86771		X	Shigella antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86774		X	Tetanus antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86777		X	Toxoplasma antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86778		X	Toxoplasma antibody, igm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86781		X	Treponema pallidum, confirm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86784		X	Trichinella antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86787		X	Varicella-zoster antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86790		X	Virus antibody nos	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86793		X	Yersinia antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86800		X	Thyroglobulin antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86803		X	Hepatitis c ab test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86804		X	Hep c ab test, confirm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86805		X	Lymphocytotoxicity assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86806		X	Lymphocytotoxicity assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86807		X	Cytotoxic antibody screening	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86808		X	Cytotoxic antibody screening	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86812		X	HLA typing, A, B, or C	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86813		X	HLA typing, A, B, or C	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86816		X	HLA typing, DR/DQ	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86817		X	HLA typing, DR/DQ	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86821		X	Lymphocyte culture, mixed	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86822		X	Lymphocyte culture, primed	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86849		X	Immunology procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86850		X	RBC antibody screen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86860		X	RBC antibody elution	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86870		X	RBC antibody identification	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86880		X	Coombs test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86885		X	Coombs test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86886		X	Coombs test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86890		X	Autologous blood process	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86891		X	Autologous blood, op salvage	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86900		X	Blood typing, ABO	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86901		X	Blood typing, Rh (D)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86903		X	Blood typing, antigen screen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86904		X	Blood typing, patient serum	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86905		X	Blood typing, RBC antigens	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86906		X	Blood typing, Rh phenotype	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86910		N	Blood typing, paternity test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86911		N	Blood typing, antigen system	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86915		X	Bone marrow/stem cell prep	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86920		X	Compatibility test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86921		X	Compatibility test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86922		X	Compatibility test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86927		X	Plasma, fresh frozen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86930		X	Frozen blood prep	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86931		X	Frozen blood thaw	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86932		X	Frozen blood freeze/thaw	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86940		X	Hemolysins/agglutinins, auto	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86941		X	Hemolysins/agglutinins	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86945		X	Blood product/irradiation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86950		X	Leukacyte transfusion	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86965		X	Pooling blood platelets	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86970		X	RBC pretreatment	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86971		X	RBC pretreatment	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86972		X	RBC pretreatment	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86975		X	RBC pretreatment, serum	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86976		X	RBC pretreatment, serum	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86977		X	RBC pretreatment, serum	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86978		X	RBC pretreatment, serum	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86985		X	Split blood or products	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86999		X	Transfusion procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[3] +Indicates RVUs are not used for Medicare payment.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
87001	.....	X	Small animal inoculation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87003	.....	X	Small animal inoculation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87015	.....	X	Specimen concentration	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87040	.....	X	Blood culture for bacteria	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87045	.....	X	Feces culture, bacteria	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87046	.....	X	Stool cultr, bacteria, each	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87070	.....	X	Culture, bacteria, other	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87071	.....	X	Culture bacteri aerobic othr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87073	.....	X	Culture bacteria anaerobic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87075	.....	X	Culture bacteria anaerobic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87076	.....	X	Culture anaerobe ident, each	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87077	.....	X	Culture aerobic identify	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87081	.....	X	Culture screen only	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87084	.....	X	Culture of specimen by kit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87086	.....	X	Urine culture/colony count	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87088	.....	X	Urine bacteria culture	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87101	.....	X	Skin fungi culture	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87102	.....	X	Fungus isolation culture	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87103	.....	X	Blood fungus culture	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87106	.....	X	Fungi identification, yeast	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87107	.....	X	Fungi identification, mold	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87109	.....	X	Mycoplasma	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87110	.....	X	Chlamydia culture	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87116	.....	X	Mycobacteria culture	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87118	.....	X	Mycobacteric identification	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87140	.....	X	Culture type immunofluoresc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87143	.....	X	Culture typing, glc/hplc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87147	.....	X	Culture type, immunologic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87149	.....	X	Culture type, nucleic acid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87152	.....	X	Culture type pulse field gel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87158	.....	X	Culture typing, added method	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87164	.....	X	Dark field examination	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87164	26	A	Dark field examination	0.37	0.12	0.11	0.01	0.50	0.49	XXX
87166	.....	X	Dark field examination	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87168	.....	X	Macroscopic exam arthropod	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87169	.....	X	Macacroscopic exam parasite	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87172	.....	X	Pinworm exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87176	.....	X	Tissue homogenization, cultr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87177	.....	X	Ova and parasites smears	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87181	.....	X	Microbe susceptible, diffuse	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87184	.....	X	Microbe susceptible, disk	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87185	.....	X	Microbe susceptible, enzyme	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87186	.....	X	Microbe susceptible, mic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87187	.....	X	Microbe susceptible, mlc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87188	.....	X	Microbe suscept, macrobroth	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87190	.....	X	Microbe suscept, mycobacteri	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87197	.....	X	Bactericidal level, serum	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87198	.....	X	Cytomegalovirus antibody dfa	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87199	.....	X	Enterovirus antibody, dfa	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87205	.....	X	Smear, gram stain	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87206	.....	X	Smear, fluorescent/acid stai	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87207	.....	X	Smear, special stain	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87207	26	A	Smear, special stain	0.37	0.18	0.17	0.01	0.56	0.55	XXX
87210	.....	X	Smear, wet mount, saline/ink	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87220	.....	X	Tissue exam for fungi	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87230	.....	X	Assay, toxin or antitoxin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87250	.....	X	Virus inoculate, eggs/animal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87252	.....	X	Virus inoculation, tissue	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87253	.....	X	Virus inoculate tissue, addl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87254	.....	X	Virus inoculation, shell via	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87260	.....	X	Adenovirus ag, if	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87265	.....	X	Pertussis ag, if	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87270	.....	X	Chlamydia trachomatis ag, if	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87272	.....	X	Cryptosporidum/gardia ag, if	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87273	.....	X	Herpes simplex 2, ag, if	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87274	.....	X	Herpes simplex 1, ag, if	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87275	.....	X	Influenza b, ag, if	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87276	.....	X	Influenza a, ag, if	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87277	.....	X	Legionella micdadei, ag, if	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87278	.....	X	Legion pneumophilia ag, if	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87279	.....	X	Parainfluenza, ag, if	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87280	.....	X	Respiratory syncytial ag, if	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87281	.....	X	Pneumocystis carinii, ag, if	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
87283	.....	X	Rubeola, ag, if	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87285	.....	X	Treponema pallidum, ag, if	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87290	.....	X	Varicella zoster, ag, if	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87299	.....	X	Antibody detection, nos, if	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87300	.....	X	Ag detection, polyval, if	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87301	.....	X	Adenovirus ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87320	.....	X	Chylmd trach ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87324	.....	X	Clostridium ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87327	.....	X	Cryptococcus neoform ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87328	.....	X	Cryptospor ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87332	.....	X	Cytomegalovirus ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87335	.....	X	E coli 0157 ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87336	.....	X	Entamoeb hist dispr, ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87337	.....	X	Entamoeb hist group, ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87338	.....	X	Hpylori, stool, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87339	.....	X	H pylori ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87340	.....	X	Hepatitis b surface ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87341	.....	X	Hepatitis b surface, ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87350	.....	X	Hepatitis be ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87380	.....	X	Hepatitis delta ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87385	.....	X	Histoplasma capsul ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87390	.....	X	Hiv-1 ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87391	.....	X	Hiv-2 ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87400	.....	X	Influenza a/b, ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87420	.....	X	Resp syncytial ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87425	.....	X	Rotavirus ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87427	.....	X	Shiga-like toxin ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87430	.....	X	Strep a ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87449	.....	X	Ag detect nos, eia, mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87450	.....	X	Ag detect nos, eia, single	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87451	.....	X	Ag detect polyval, eia, mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87470	.....	X	Bartonella, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87471	.....	X	Bartonella, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87472	.....	X	Bartonella, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87475	.....	X	Lyme dis, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87476	.....	X	Lyme dis, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87477	.....	X	Lyme dis, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87480	.....	X	Candida, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87481	.....	X	Candida, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87482	.....	X	Candida, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87485	.....	X	Chylmd pneum, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87486	.....	X	Chylmd pneum, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87487	.....	X	Chylmd pneum, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87490	.....	X	Chylmd trach, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87491	.....	X	Chylmd trach, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87492	.....	X	Chylmd trach, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87495	.....	X	Cytomeg, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87496	.....	X	Cytomeg, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87497	.....	X	Cytomeg, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87510	.....	X	Gardner vag, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87511	.....	X	Gardner vag, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87512	.....	X	Gardner vag, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87515	.....	X	Hepatitis b, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87516	.....	X	Hepatitis b, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87517	.....	X	Hepatitis b, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87520	.....	X	Hepatitis c, rna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87521	.....	X	Hepatitis c, rna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87522	.....	X	Hepatitis c, rna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87525	.....	X	Hepatitis g, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87526	.....	X	Hepatitis g, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87527	.....	X	Hepatitis g, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87528	.....	X	Hsv, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87529	.....	X	Hsv, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87530	.....	X	Hsv, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87531	.....	X	Hhv-6, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87532	.....	X	Hhv-6, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87533	.....	X	Hhv-6, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87534	.....	X	Hiv-1, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87535	.....	X	Hiv-1, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87536	.....	X	Hiv-1, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87537	.....	X	Hiv-2, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87538	.....	X	Hiv-2, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87539	.....	X	Hiv-2, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[3] +Indicates RVUs are not used for Medicare payment.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
87540	.....	X	Legion pneumo, dna, dir prob	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87541	.....	X	Legion pneumo, dna, amp prob	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87542	.....	X	Legion pneumo, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87550	.....	X	Mycobacteria, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87551	.....	X	Mycobacteria, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87552	.....	X	Mycobacteria, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87555	.....	X	M.tuberculo, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87556	.....	X	M.tuberculo, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87557	.....	X	M.tuberculo, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87560	.....	X	M.avium-intra, dna, dir prob	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87561	.....	X	M.avium-intra, dna, amp prob	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87562	.....	X	M.avium-intra, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87580	.....	X	M.pneumon, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87581	.....	X	M.pneumon, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87582	.....	X	M.pneumon, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87590	.....	X	N.gonorrhoeae, dna, dir prob	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87591	.....	X	N.gonorrhoeae, dna, amp prob	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87592	.....	X	N.gonorrhoeae, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87620	.....	X	Hpv, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87621	.....	X	Hpv, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87622	.....	X	Hpv, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87650	.....	X	Strep a, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87651	.....	X	Strep a, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87652	.....	X	Strep a, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87797	.....	X	Detect agent nos, dna, dir	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87798	.....	X	Detect agent nos, dna, amp	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87799	.....	X	Detect agent nos, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87800	.....	X	Detect agnt mult, dna, direc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87801	.....	X	Detect agnt mult, dna, ampli	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87802	.....	X	Strep b assay w/optic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87803	.....	X	Clostridium toxin a w/optic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87804	.....	X	Influenza assay w/optic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87810	.....	X	Chylmd trach assay w/optic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87850	.....	X	N. gonorrhoeae assay w/optic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87880	.....	X	Strep a assay w/optic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87899	.....	X	Agent nos assay w/optic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87901	.....	X	Genotype, dna, hiv reverse t	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87902	.....	X	Genotype, dna, hepatitis C	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87903	.....	X	Phenotype, dna hiv w/culture	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87904	.....	X	Phenotype, dna hiv w/clt add	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87999	.....	X	Microbiology procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88000	.....	N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88005	.....	N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88007	.....	N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88012	.....	N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88014	.....	N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88016	.....	N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88020	.....	N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88025	.....	N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88027	.....	N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88028	.....	N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88029	.....	N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88036	.....	N	Limited autopsy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88037	.....	N	Limited autopsy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88040	.....	N	Forensic autopsy (necropsy)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88045	.....	N	Coroner's autopsy (necropsy)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88099	.....	N	Necropsy (autopsy) procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88104	.....	A	Cytopathology, fluids	0.56	0.72	NA	0.04	1.32	NA	XXX
88104	26	A	Cytopathology, fluids	0.56	0.26	0.26	0.02	0.84	0.84	XXX
88104	TC	A	Cytopathology, fluids	0.00	0.46	NA	0.02	0.48	NA	XXX
88106	.....	A	Cytopathology, fluids	0.56	0.72	NA	0.04	1.32	NA	XXX
88106	26	A	Cytopathology, fluids	0.56	0.26	0.26	0.02	0.84	0.84	XXX
88106	TC	A	Cytopathology, fluids	0.00	0.46	NA	0.02	0.48	NA	XXX
88107	.....	A	Cytopathology, fluids	0.76	1.01	NA	0.05	1.82	NA	XXX
88107	26	A	Cytopathology, fluids	0.76	0.35	0.35	0.03	1.14	1.14	XXX
88107	TC	A	Cytopathology, fluids	0.00	0.66	NA	0.02	0.68	NA	XXX
88108	.....	A	Cytopath, concentrate tech	0.56	0.94	NA	0.04	1.54	NA	XXX
88108	26	A	Cytopath, concentrate tech	0.56	0.26	0.26	0.02	0.84	0.84	XXX
88108	TC	A	Cytopath, concentrate tech	0.00	0.68	NA	0.02	0.70	NA	XXX
88125	.....	A	Forensic cytopathology	0.26	0.30	NA	0.02	0.58	NA	XXX
88125	26	A	Forensic cytopathology	0.26	0.12	0.12	0.01	0.39	0.39	XXX
88125	TC	A	Forensic cytopathology	0.00	0.18	NA	0.01	0.19	NA	XXX
88130	.....	X	Sex chromatin identification	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
88140	.....	X	Sex chromatin identification	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88141	.....	A	Cytopath, c/v, interpret	0.42	0.19	0.19	0.01	0.62	0.62	XXX
88142	.....	X	Cytopath, c/v, thin layer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88143	.....	X	Cytopath, c/v, thin lyr redo	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88144	.....	X	Cytopath, c/v, thin lyr redo	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88145	.....	X	Cytopath, c/v, thin lyr sel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88147	.....	X	Cytopath, c/v, automated	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88148	.....	X	Cytopath, c/v, auto rescreen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88150	.....	X	Cytopath, c/v, manual	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88152	.....	X	Cytopath, c/v, auto redo	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88153	.....	X	Cytopath, c/v, redo	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88154	.....	X	Cytopath, c/v, select	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88155	.....	X	Cytopath, c/v, index add-on	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88160	.....	A	Cytopath smear, other source	0.50	1.01	NA	0.04	1.55	NA	XXX
88160	26	A	Cytopath smear, other source	0.50	0.23	0.23	0.02	0.75	0.75	XXX
88160	TC	A	Cytopath smear, other source	0.00	0.78	NA	0.02	0.80	NA	XXX
88161	.....	A	Cytopath smear, other source	0.50	1.22	NA	0.04	1.76	NA	XXX
88161	26	A	Cytopath smear, other source	0.50	0.23	0.23	0.02	0.75	0.75	XXX
88161	TC	A	Cytopath smear, other source	0.00	0.99	NA	0.02	1.01	NA	XXX
88162	.....	A	Cytopath smear, other source	0.76	0.73	NA	0.05	1.54	NA	XXX
88162	26	A	Cytopath smear, other source	0.76	0.35	0.35	0.03	1.14	1.14	XXX
88162	TC	A	Cytopath smear, other source	0.00	0.38	NA	0.02	0.40	NA	XXX
88164	.....	X	Cytopath tbs, c/v, manual	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88165	.....	X	Cytopath tbs, c/v, redo	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88166	.....	X	Cytopath tbs, c/v, auto redo	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88167	.....	X	Cytopath tbs, c/v, select	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88170	.....	D	Fine needle aspiration	0.00	0.00	NA	0.00	0.00	NA	XXX
88170	26	D	Fine needle aspiration	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88170	TC	D	Fine needle aspiration	0.00	0.00	NA	0.00	0.00	NA	XXX
88171	.....	D	Fine needle aspiration	0.00	0.00	NA	0.00	0.00	NA	XXX
88171	26	D	Fine needle aspiration	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88171	TC	D	Fine needle aspiration	0.00	0.00	NA	0.00	0.00	NA	XXX
88172	.....	A	Cytopathology eval of fna	0.60	0.68	NA	0.04	1.32	NA	XXX
88172	26	A	Cytopathology eval of fna	0.60	0.28	0.28	0.02	0.90	0.90	XXX
88172	TC	A	Cytopathology eval of fna	0.00	0.40	NA	0.02	0.42	NA	XXX
88173	.....	A	Cytopath eval, fna, report	1.39	1.80	NA	0.07	3.26	NA	XXX
88173	26	A	Cytopath eval, fna, report	1.39	0.64	0.64	0.05	2.08	2.08	XXX
88173	TC	A	Cytopath eval, fna, report	0.00	1.16	NA	0.02	1.18	NA	XXX
88180	.....	A	Cell marker study	0.36	0.60	NA	0.03	0.99	NA	XXX
88180	26	A	Cell marker study	0.36	0.17	0.17	0.01	0.54	0.54	XXX
88180	TC	A	Cell marker study	0.00	0.43	NA	0.02	0.45	NA	XXX
88182	.....	A	Cell marker study	0.77	1.81	NA	0.06	2.64	NA	XXX
88182	26	A	Cell marker study	0.77	0.36	0.36	0.03	1.16	1.16	XXX
88182	TC	A	Cell marker study	0.00	1.45	NA	0.03	1.48	NA	XXX
88199	.....	C	Cytopathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88199	26	C	Cytopathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88199	TC	C	Cytopathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88230	.....	X	Tissue culture, lymphocyte	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88233	.....	X	Tissue culture, skin/biopsy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88235	.....	X	Tissue culture, placenta	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88237	.....	X	Tissue culture, bone marrow	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88239	.....	X	Tissue culture, tumor	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88240	.....	X	Cell cryopreserve/storage	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88241	.....	X	Frozen cell preparation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88245	.....	X	Chromosome analysis, 20–25	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88248	.....	X	Chromosome analysis, 50–100	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88249	.....	X	Chromosome analysis, 100	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88261	.....	X	Chromosome analysis, 5	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88262	.....	X	Chromosome analysis, 15–20	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88263	.....	X	Chromosome analysis, 45	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88264	.....	X	Chromosome analysis, 20–25	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88267	.....	X	Chromosome analys, placenta	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88269	.....	X	Chromosome analys, amniotic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88271	.....	X	Cytogenetics, dna probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88272	.....	X	Cytogenetics, 3–5	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88273	.....	X	Cytogenetics, 10–30	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88274	.....	X	Cytogenetics, 25–99	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88275	.....	X	Cytogenetics, 100–300	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88280	.....	X	Chromosome karyotype study	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88283	.....	X	Chromosome banding study	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88285	.....	X	Chromosome count, additional	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88289	.....	X	Chromosome study, additional	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88291	.....	A	Cyto/molecular report	0.52	0.23	0.23	0.02	0.77	0.77	XXX

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CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
88299	.....	C	Cytogenetic study	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88300	.....	A	Surgical path, gross	0.08	0.34	NA	0.02	0.44	NA	XXX
88300	26	A	Surgical path, gross	0.08	0.04	0.04	0.01	0.13	0.13	XXX
88300	TC	A	Surgical path, gross	0.00	0.30	NA	0.01	0.31	NA	XXX
88302	.....	A	Tissue exam by pathologist	0.13	0.73	NA	0.03	0.89	NA	XXX
88302	26	A	Tissue exam by pathologist	0.13	0.06	0.06	0.01	0.20	0.20	XXX
88302	TC	A	Tissue exam by pathologist	0.00	0.67	NA	0.02	0.69	NA	XXX
88304	.....	A	Tissue exam by pathologist	0.22	0.95	NA	0.03	1.20	NA	XXX
88304	26	A	Tissue exam by pathologist	0.22	0.10	0.10	0.01	0.33	0.33	XXX
88304	TC	A	Tissue exam by pathologist	0.00	0.85	NA	0.02	0.87	NA	XXX
88305	.....	A	Tissue exam by pathologist	0.75	1.78	NA	0.05	2.58	NA	XXX
88305	26	A	Tissue exam by pathologist	0.75	0.35	0.35	0.02	1.12	1.12	XXX
88305	TC	A	Tissue exam by pathologist	0.00	1.43	NA	0.03	1.46	NA	XXX
88307	.....	A	Tissue exam by pathologist	1.59	2.71	NA	0.11	4.41	NA	XXX
88307	26	A	Tissue exam by pathologist	1.59	0.74	0.74	0.06	2.39	2.39	XXX
88307	TC	A	Tissue exam by pathologist	0.00	1.97	NA	0.05	2.02	NA	XXX
88309	.....	A	Tissue exam by pathologist	2.28	3.40	NA	0.13	5.81	NA	XXX
88309	26	A	Tissue exam by pathologist	2.28	1.05	1.05	0.08	3.41	3.41	XXX
88309	TC	A	Tissue exam by pathologist	0.00	2.35	NA	0.05	2.40	NA	XXX
88311	.....	A	Decalcify tissue	0.24	0.21	NA	0.02	0.47	NA	XXX
88311	26	A	Decalcify tissue	0.24	0.11	0.11	0.01	0.36	0.36	XXX
88311	TC	A	Decalcify tissue	0.00	0.10	NA	0.01	0.11	NA	XXX
88312	.....	A	Special stains	0.54	1.69	NA	0.03	2.26	NA	XXX
88312	26	A	Special stains	0.54	0.25	0.25	0.02	0.81	0.81	XXX
88312	TC	A	Special stains	0.00	1.44	NA	0.01	1.45	NA	XXX
88313	.....	A	Special stains	0.24	1.47	NA	0.02	1.73	NA	XXX
88313	26	A	Special stains	0.24	0.11	0.11	0.01	0.36	0.36	XXX
88313	TC	A	Special stains	0.00	1.36	NA	0.01	1.37	NA	XXX
88314	.....	A	Histochemical stain	0.45	0.86	NA	0.04	1.35	NA	XXX
88314	26	A	Histochemical stain	0.45	0.20	0.20	0.02	0.67	0.67	XXX
88314	TC	A	Histochemical stain	0.00	0.66	NA	0.02	0.68	NA	XXX
88318	.....	A	Chemical histochemistry	0.42	0.59	NA	0.02	1.03	NA	XXX
88318	26	A	Chemical histochemistry	0.42	0.20	0.20	0.01	0.63	0.63	XXX
88318	TC	A	Chemical histochemistry	0.00	0.39	NA	0.01	0.40	NA	XXX
88319	.....	A	Enzyme histochemistry	0.53	2.45	NA	0.04	3.02	NA	XXX
88319	26	A	Enzyme histochemistry	0.53	0.24	0.24	0.02	0.79	0.79	XXX
88319	TC	A	Enzyme histochemistry	0.00	2.21	NA	0.02	2.23	NA	XXX
88321	.....	A	Microslide consultation	1.30	0.62	0.60	0.04	1.96	1.94	XXX
88323	.....	A	Microslide consultation	1.35	1.37	NA	0.07	2.79	NA	XXX
88323	26	A	Microslide consultation	1.35	0.63	0.63	0.05	2.03	2.03	XXX
88323	TC	A	Microslide consultation	0.00	0.74	NA	0.02	0.76	NA	XXX
88325	.....	A	Comprehensive review of data	2.22	0.98	0.98	0.08	3.28	3.28	XXX
88329	.....	A	Path consult introp	0.67	0.39	0.31	0.02	1.08	1.00	XXX
88331	.....	A	Path consult intraop, 1 bloc	1.19	0.87	NA	0.07	2.13	NA	XXX
88331	26	A	Path consult intraop, 1 bloc	1.19	0.55	0.55	0.04	1.78	1.78	XXX
88331	TC	A	Path consult intraop, 1 bloc	0.00	0.32	NA	0.03	0.35	NA	XXX
88332	.....	A	Path consult intraop, addl	0.59	0.47	NA	0.04	1.10	NA	XXX
88332	26	A	Path consult intraop, addl	0.59	0.27	0.27	0.02	0.88	0.88	XXX
88332	TC	A	Path consult intraop, addl	0.00	0.20	NA	0.02	0.22	NA	XXX
88342	.....	A	Immunocytochemistry	0.85	1.43	NA	0.05	2.33	NA	XXX
88342	26	A	Immunocytochemistry	0.85	0.39	0.39	0.03	1.27	1.27	XXX
88342	TC	A	Immunocytochemistry	0.00	1.04	NA	0.02	1.06	NA	XXX
88346	.....	A	Immunofluorescent study	0.86	1.20	NA	0.05	2.11	NA	XXX
88346	26	A	Immunofluorescent study	0.86	0.39	0.39	0.03	1.28	1.28	XXX
88346	TC	A	Immunofluorescent study	0.00	0.81	NA	0.02	0.83	NA	XXX
88347	.....	A	Immunofluorescent study	0.86	1.90	NA	0.05	2.81	NA	XXX
88347	26	A	Immunofluorescent study	0.86	0.38	0.38	0.03	1.27	1.27	XXX
88347	TC	A	Immunofluorescent study	0.00	1.52	NA	0.02	1.54	NA	XXX
88348	.....	A	Electron microscopy	1.51	6.96	NA	0.11	8.58	NA	XXX
88348	26	A	Electron microscopy	1.51	0.69	0.69	0.05	2.25	2.25	XXX
88348	TC	A	Electron microscopy	0.00	6.27	NA	0.06	6.33	NA	XXX
88349	.....	A	Scanning electron microscopy	0.76	8.51	NA	0.08	9.35	NA	XXX
88349	26	A	Scanning electron microscopy	0.76	0.35	0.35	0.03	1.14	1.14	XXX
88349	TC	A	Scanning electron microscopy	0.00	8.16	NA	0.05	8.21	NA	XXX
88355	.....	A	Analysis, skeletal muscle	1.85	2.41	NA	0.12	4.38	NA	XXX
88355	26	A	Analysis, skeletal muscle	1.85	0.86	0.86	0.07	2.78	2.78	XXX
88355	TC	A	Analysis, skeletal muscle	0.00	1.55	NA	0.05	1.60	NA	XXX
88356	.....	A	Analysis, nerve	3.02	4.96	NA	0.16	8.14	NA	XXX
88356	26	A	Analysis, nerve	3.02	1.37	1.37	0.10	4.49	4.49	XXX
88356	TC	A	Analysis, nerve	0.00	3.59	NA	0.06	3.65	NA	XXX
88358	.....	A	Analysis, tumor	2.82	1.76	NA	0.16	4.74	NA	XXX
88358	26	A	Analysis, tumor	2.82	1.30	1.30	0.10	4.22	4.22	XXX
88358	TC	A	Analysis, tumor	0.00	0.46	NA	0.06	0.52	NA	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
88362	.....	A	Nerve teasing preparations	2.17	3.36	NA	0.12	5.65	NA	XXX
88362	26	A	Nerve teasing preparations	2.17	0.99	0.99	0.07	3.23	3.23	XXX
88362	TC	A	Nerve teasing preparations	0.00	2.37	NA	0.05	2.42	NA	XXX
88365	.....	A	Tissue hybridization	0.93	2.03	NA	0.05	3.01	NA	XXX
88365	26	A	Tissue hybridization	0.93	0.43	0.43	0.03	1.39	1.39	XXX
88365	TC	A	Tissue hybridization	0.00	1.60	NA	0.02	1.62	NA	XXX
88371	.....	X	Protein, western blot tissue	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88371	26	A	Protein, western blot tissue	0.37	0.15	0.14	0.01	0.53	0.52	XXX
88372	.....	X	Protein analysis w/probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88372	26	A	Protein analysis w/probe	0.37	0.17	0.17	0.01	0.55	0.55	XXX
88380	.....	C	Microdissection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88380	26	C	Microdissection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88380	TC	C	Microdissection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88399	.....	C	Surgical pathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88399	26	C	Surgical pathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88399	TC	C	Surgical pathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88400	.....	X	Bilirubin total transcut	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89050	.....	X	Body fluid cell count	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89051	.....	X	Body fluid cell count	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89060	.....	X	Exam synovial fluid crystals	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89060	26	A	Exam synovial fluid crystals	0.37	0.18	0.17	0.01	0.56	0.55	XXX
89100	.....	A	Sample intestinal contents	0.60	2.29	0.23	0.02	2.91	0.85	XXX
89105	.....	A	Sample intestinal contents	0.50	2.25	0.18	0.02	2.77	0.70	XXX
89125	.....	X	Specimen fat stain	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89130	.....	A	Sample stomach contents	0.45	2.21	0.13	0.02	2.68	0.60	XXX
89132	.....	A	Sample stomach contents	0.19	1.15	0.05	0.01	1.35	0.25	XXX
89135	.....	A	Sample stomach contents	0.79	2.53	0.25	0.03	3.35	1.07	XXX
89136	.....	A	Sample stomach contents	0.21	2.05	0.08	0.01	2.27	0.30	XXX
89140	.....	A	Sample stomach contents	0.94	2.36	0.19	0.03	3.33	1.16	XXX
89141	.....	A	Sample stomach contents	0.85	3.14	0.40	0.03	4.02	1.28	XXX
89160	.....	X	Exam feces for meat fibers	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89190	.....	X	Nasal smear for eosinophils	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89250	.....	X	Fertilization of oocyte	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89251	.....	X	Culture oocyte w/embryos	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89252	.....	X	Assist oocyte fertilization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89253	.....	X	Embryo hatching	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89254	.....	X	Oocyte identification	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89255	.....	X	Prepare embryo for transfer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89256	.....	X	Prepare cryopreserved embryo	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89257	.....	X	Sperm identification	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89258	.....	X	Cryopreservation, embryo	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89259	.....	X	Cryopreservation, sperm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89260	.....	X	Sperm isolation, simple	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89261	.....	X	Sperm isolation, complex	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89264	.....	X	Identify sperm tissue	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89300	.....	X	Semen analysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89310	.....	X	Semen analysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89320	.....	X	Semen analysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89321	.....	X	Semen analysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89325	.....	X	Sperm antibody test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89329	.....	X	Sperm evaluation test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89330	.....	X	Evaluation, cervical mucus	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89350	.....	A	Sputum specimen collection	0.00	0.39	NA	0.02	0.41	NA	XXX
89355	.....	X	Exam feces for starch	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89360	.....	A	Collect sweat for test	0.00	0.43	NA	0.02	0.45	NA	XXX
89365	.....	X	Water load test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89399	.....	C	Pathology lab procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89399	26	C	Pathology lab procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89399	TC	C	Pathology lab procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90281	.....	I	Human ig, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90283	.....	I	Human ig, iv	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90287	.....	I	Botulinum antitoxin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90288	.....	I	Botulism ig, iv	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90291	.....	I	Cmv ig, iv	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90296	.....	E	Diphtheria antitoxin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90371	.....	E	Hep b ig, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90375	.....	E	Rabies ig, im/sc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90376	.....	E	Rabies ig, heat treated	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90378	.....	X	Rsv ig, im, 50mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90379	.....	I	Rsv ig, iv	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90384	.....	I	Rh ig, full-dose, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90385	.....	E	Rh ig, minidose, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90386	.....	I	Rh ig, iv	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
90389	.....	I	Tetanus ig, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90393	.....	E	Vaccina ig, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90396	.....	E	Varicella-zoster ig, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90399	.....	I	Immune globulin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90471	.....	A	Immunization admin	0.00	0.10	NA	0.01	0.11	NA	XXX
90472	.....	A	Immunization admin, each add	0.00	0.10	NA	0.01	0.11	NA	ZZZ
90473	.....	N	Immune admin oral/nasal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90474	.....	N	Immune admin oral/nasal addl	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
90476	.....	E	Adenovirus vaccine, type 4	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90477	.....	E	Adenovirus vaccine, type 7	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90581	.....	E	Anthrax vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90585	.....	E	Bcg vaccine, percut	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90586	.....	E	Bcg vaccine, intravesical	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90632	.....	E	Hep a vaccine, adult im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90633	.....	E	Hep a vacc, ped/adol, 2 dose	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90634	.....	E	Hep a vacc, ped/adol, 3 dose	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90636	.....	E	Hep a/hep b vacc, adult im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90645	.....	E	Hib vaccine, hboc, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90646	.....	E	Hib vaccine, prp-d, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90647	.....	E	Hib vaccine, prp-omp, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90648	.....	E	Hib vaccine, prp-t, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90657	.....	X	Flu vaccine, 6–35 mo, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90658	.....	X	Flu vaccine, 3 yrs, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90659	.....	X	Flu vaccine, whole, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90660	.....	X	Flu vaccine, nasal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90665	.....	E	Lyme disease vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90669	.....	N	Pneumococcal vacc, ped<5	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90675	.....	E	Rabies vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90676	.....	E	Rabies vaccine, id	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90680	.....	E	Rotovirus vaccine, oral	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90690	.....	E	Typhoid vaccine, oral	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90691	.....	E	Typhoid vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90692	.....	E	Typhoid vaccine, h-p, sc/id	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90693	.....	E	Typhoid vaccine, akd, sc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90700	.....	E	Dtap vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90701	.....	E	Dtp vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90702	.....	E	Dt vaccine < 7, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90703	.....	E	Tetanus vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90704	.....	E	Mumps vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90705	.....	E	Measles vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90706	.....	E	Rubella vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90707	.....	E	Mmr vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90708	.....	E	Measles-rubella vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90709	.....	E	Rubella & mumps vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90710	.....	E	Mmrv vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90712	.....	E	Oral poliovirus vaccine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90713	.....	E	Poliovirus, ipv, sc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90716	.....	E	Chicken pox vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90717	.....	E	Yellow fever vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90718	.....	E	Td vaccine > 7, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90719	.....	E	Diphtheria vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90720	.....	E	Dtp/hib vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90721	.....	E	Dtap/hib vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90723	.....	X	Dtap-hep b-ipv vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90725	.....	E	Cholera vaccine, injectable	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90727	.....	E	Plague vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90732	.....	X	Pneumococcal vaccine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90733	.....	E	Meningococcal vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90735	.....	E	Encephalitis vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90740	.....	X	Hepb vacc, ill pat 3 dose im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90743	.....	X	Hep b vacc, adol, 2 dose, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90744	.....	X	Hepb vacc ped/adol 3 dose im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90746	.....	X	Hep b vaccine, adult, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90747	.....	X	Hepb vacc, ill pat 4 dose im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90748	.....	E	Hep b/hib vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90749	.....	E	Vaccine toxoid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90780	.....	A	IV infusion therapy, 1 hour	0.00	1.06	NA	0.06	1.12	NA	XXX
90781	.....	A	IV infusion, additional hour	0.00	0.53	NA	0.03	0.56	NA	ZZZ
90782	.....	T	Injection, sc/im	0.00	0.10	NA	0.01	0.11	NA	XXX
90783	.....	T	Injection, ia	0.00	0.39	NA	0.02	0.41	NA	XXX
90784	.....	T	Injection, iv	0.00	0.45	NA	0.03	0.48	NA	XXX
90788	.....	T	Injection of antibiotic	0.00	0.11	NA	0.01	0.12	NA	XXX
90799	.....	C	Ther/prophylactic/dx inject	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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90801	.....	A	Psy dx interview	2.80	1.14	0.93	0.06	4.00	3.79	XXX
90802	.....	A	Intac psy dx interview	3.01	1.17	0.99	0.07	4.25	4.07	XXX
90804	.....	A	Psytx, office, 20–30 min	1.21	0.53	0.40	0.03	1.77	1.64	XXX
90805	.....	A	Psytx, off, 20–30 min w/e&m	1.37	0.59	0.44	0.03	1.99	1.84	XXX
90806	.....	A	Psytx, off, 45–50 min	1.86	0.75	0.62	0.04	2.65	2.52	XXX
90807	.....	A	Psytx, off, 45–50 min w/e&m	2.02	0.79	0.66	0.05	2.86	2.73	XXX
90808	.....	A	Psytx, office, 75–80 min	2.79	1.06	0.93	0.07	3.92	3.79	XXX
90809	.....	A	Psytx, off, 75–80, w/e&m	2.95	1.11	0.97	0.07	4.13	3.99	XXX
90810	.....	A	Intac psytx, off, 20–30 min	1.32	0.56	0.44	0.03	1.91	1.79	XXX
90811	.....	A	Intac psytx, 20–30, w/e&m	1.48	0.63	0.48	0.03	2.14	1.99	XXX
90812	.....	A	Intac psytx, off, 45–50 min	1.97	0.80	0.69	0.05	2.82	2.71	XXX
90813	.....	A	Intac psytx, 45–50 min w/e&m	2.13	0.87	0.71	0.05	3.05	2.89	XXX
90814	.....	A	Intac psytx, off, 75–80 min	2.90	1.15	1.01	0.07	4.12	3.98	XXX
90815	.....	A	Intac psytx, 75–80 w/e&m	3.06	1.15	1.02	0.07	4.28	4.15	XXX
90816	.....	A	Psytx, hosp, 20–30 min	1.25	0.57	0.43	0.03	1.85	1.71	XXX
90817	.....	A	Psytx, hosp, 20–30 min w/e&m	1.41	0.62	0.45	0.03	2.06	1.89	XXX
90818	.....	A	Psytx, hosp, 45–50 min	1.89	0.80	0.65	0.04	2.73	2.58	XXX
90819	.....	A	Psytx, hosp, 45–50 min w/e&m	2.05	0.83	0.66	0.05	2.93	2.76	XXX
90821	.....	A	Psytx, hosp, 75–80 min	2.83	1.11	0.97	0.06	4.00	3.86	XXX
90822	.....	A	Psytx, hosp, 75–80 min w/e&m	2.99	1.30	0.97	0.07	4.36	4.03	XXX
90823	.....	A	Intac psytx, hosp, 20–30 min	1.36	0.65	0.45	0.03	2.04	1.84	XXX
90824	.....	A	Intac psytx, hsp 20–30 w/e&m	1.52	0.70	0.50	0.03	2.25	2.05	XXX
90826	.....	A	Intac psytx, hosp, 45–50 min	2.01	0.89	0.68	0.04	2.94	2.73	XXX
90827	.....	A	Intac psytx, hsp 45–50 w/e&m	2.16	0.91	0.70	0.05	3.12	2.91	XXX
90828	.....	A	Intac psytx, hosp, 75–80 min	2.94	1.90	1.02	0.07	4.91	4.03	XXX
90829	.....	A	Intac psytx, hsp 75–80 w/e&m	3.10	1.23	1.02	0.07	4.40	4.19	XXX
90845	.....	A	Psychoanalysis	1.79	0.71	0.57	0.04	2.54	2.40	XXX
90846	.....	R	Family psytx w/o patient	1.83	0.73	0.62	0.04	2.60	2.49	XXX
90847	.....	R	Family psytx w/patient	2.21	0.86	0.75	0.05	3.12	3.01	XXX
90849	.....	R	Multiple family group psytx	0.59	0.31	0.20	0.01	0.91	0.80	XXX
90853	.....	A	Group psychotherapy	0.59	0.35	0.20	0.01	0.95	0.80	XXX
90857	.....	A	Intac group psytx	0.63	0.37	0.21	0.02	1.02	0.86	XXX
90862	.....	A	Medication management	0.95	0.44	0.31	0.02	1.41	1.28	XXX
90865	.....	A	Narcosynthesis	2.84	1.70	0.94	0.07	4.61	3.85	XXX
90870	.....	A	Electroconvulsive therapy	1.88	0.74	0.74	0.04	2.66	2.66	000
90871	.....	A	Electroconvulsive therapy	2.72	NA	1.04	0.06	NA	3.82	000
90875	.....	N	Psychophysiological therapy	+1.20	0.90	0.48	0.03	2.13	1.71	XXX
90876	.....	N	Psychophysiological therapy	+1.90	1.18	0.76	0.04	3.12	2.70	XXX
90880	.....	A	Hypnotherapy	2.19	0.91	0.71	0.05	3.15	2.95	XXX
90882	.....	N	Environmental manipulation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90885	.....	B	Psy evaluation of records	+0.97	0.39	0.39	0.02	1.38	1.38	XXX
90887	.....	B	Consultation with family	+1.48	0.83	0.59	0.03	2.34	2.10	XXX
90889	.....	B	Preparation of report	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90899	.....	C	Psychiatric service/therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90901	.....	A	Biofeedback train, any meth	0.41	0.82	0.17	0.02	1.25	0.60	000
90911	.....	A	Biofeedback peri/uro/rectal	0.89	0.87	0.39	0.04	1.80	1.32	000
90918	.....	A	ESRD related services, month	11.18	5.53	5.53	0.30	17.01	17.01	XXX
90919	.....	A	ESRD related services, month	8.54	4.53	4.53	0.24	13.31	13.31	XXX
90920	.....	A	ESRD related services, month	7.27	4.02	4.02	0.19	11.48	11.48	XXX
90921	.....	A	ESRD related services, month	4.47	2.96	2.96	0.12	7.55	7.55	XXX
90922	.....	A	ESRD related services, day	0.37	0.17	0.17	0.01	0.55	0.55	XXX
90923	.....	A	ESRD related services, day	0.28	0.15	0.15	0.01	0.44	0.44	XXX
90924	.....	A	ESRD related services, day	0.24	0.13	0.13	0.01	0.38	0.38	XXX
90925	.....	A	ESRD related services, day	0.15	0.10	0.10	0.01	0.26	0.26	XXX
90935	.....	A	Hemodialysis, one evaluation	1.22	NA	0.86	0.03	NA	2.11	000
90937	.....	A	Hemodialysis, repeated eval	2.11	NA	1.20	0.06	NA	3.37	000
90939	.....	X	Hemodialysis study, transcut	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90940	.....	X	Hemodialysis access study	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90945	.....	A	Dialysis, one evaluation	1.28	NA	0.89	0.04	NA	2.21	000
90947	.....	A	Dialysis, repeated eval	2.16	NA	1.24	0.06	NA	3.46	000
90989	.....	X	Dialysis training, complete	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90993	.....	X	Dialysis training, incompl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90997	.....	A	Hemoperfusion	1.84	NA	1.10	0.05	NA	2.99	000
90999	.....	C	Dialysis procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
91000	.....	A	Esophageal intubation	0.73	0.32	NA	0.04	1.09	NA	000
91000	26	A	Esophageal intubation	0.73	0.25	0.25	0.03	1.01	1.01	000
91000	TC	A	Esophageal intubation	0.00	0.07	NA	0.01	0.08	NA	000
91010	.....	A	Esophagus motility study	1.25	2.60	NA	0.10	3.95	NA	000
91010	26	A	Esophagus motility study	1.25	0.46	0.46	0.05	1.76	1.76	000
91010	TC	A	Esophagus motility study	0.00	2.14	NA	0.05	2.19	NA	000
91011	.....	A	Esophagus motility study	1.50	2.71	NA	0.10	4.31	NA	000
91011	26	A	Esophagus motility study	1.50	0.55	0.55	0.05	2.10	2.10	000
91011	TC	A	Esophagus motility study	0.00	2.16	NA	0.05	2.21	NA	000

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
91012	.....	A	Esophagus motility study	1.46	2.35	NA	0.12	3.93	NA	000
91012	26	A	Esophagus motility study	1.46	0.54	0.54	0.06	2.06	2.06	000
91012	TC	A	Esophagus motility study	0.00	1.81	NA	0.06	1.87	NA	000
91020	.....	A	Gastric motility	1.44	2.96	NA	0.11	4.51	NA	000
91020	26	A	Gastric motility	1.44	0.51	0.51	0.06	2.01	2.01	000
91020	TC	A	Gastric motility	0.00	2.45	NA	0.05	2.50	NA	000
91030	.....	A	Acid perfusion of esophagus	0.91	2.27	NA	0.05	3.23	NA	000
91030	26	A	Acid perfusion of esophagus	0.91	0.34	0.34	0.03	1.28	1.28	000
91030	TC	A	Acid perfusion of esophagus	0.00	1.93	NA	0.02	1.95	NA	000
91032	.....	A	Esophagus, acid reflux test	1.21	2.26	NA	0.10	3.57	NA	000
91032	26	A	Esophagus, acid reflux test	1.21	0.44	0.44	0.05	1.70	1.70	000
91032	TC	A	Esophagus, acid reflux test	0.00	1.82	NA	0.05	1.87	NA	000
91033	.....	A	Prolonged acid reflux test	1.30	2.64	NA	0.14	4.08	NA	000
91033	26	A	Prolonged acid reflux test	1.30	0.48	0.48	0.05	1.83	1.83	000
91033	TC	A	Prolonged acid reflux test	0.00	2.16	NA	0.09	2.25	NA	000
91052	.....	A	Gastric analysis test	0.79	2.19	NA	0.05	3.03	NA	000
91052	26	A	Gastric analysis test	0.79	0.29	0.29	0.03	1.11	1.11	000
91052	TC	A	Gastric analysis test	0.00	1.90	NA	0.02	1.92	NA	000
91055	.....	A	Gastric intubation for smear	0.94	2.22	NA	0.06	3.22	NA	000
91055	26	A	Gastric intubation for smear	0.94	0.28	0.28	0.04	1.26	1.26	000
91055	TC	A	Gastric intubation for smear	0.00	1.94	NA	0.02	1.96	NA	000
91060	.....	A	Gastric saline load test	0.45	0.28	NA	0.04	0.77	NA	000
91060	26	A	Gastric saline load test	0.45	0.15	0.15	0.02	0.62	0.62	000
91060	TC	A	Gastric saline load test	0.00	0.13	NA	0.02	0.15	NA	000
91065	.....	A	Breath hydrogen test	0.20	4.55	NA	0.03	4.78	NA	000
91065	26	A	Breath hydrogen test	0.20	0.07	0.07	0.01	0.28	0.28	000
91065	TC	A	Breath hydrogen test	0.00	4.48	NA	0.02	4.50	NA	000
91100	.....	A	Pass intestine bleeding tube	1.08	NA	0.48	0.06	NA	1.62	000
91105	.....	A	Gastric intubation treatment	0.37	NA	0.21	0.02	NA	0.60	000
91122	.....	A	Anal pressure record	1.77	2.77	NA	0.17	4.71	NA	000
91122	26	A	Anal pressure record	1.77	0.63	0.63	0.10	2.50	2.50	000
91122	TC	A	Anal pressure record	0.00	2.14	NA	0.07	2.21	NA	000
91123	.....	B	Irrigate fecal impaction	0.00	0.00	0.00	0.00	0.00	0.00	XXX
91132	.....	C	Electrogastrography	0.00	0.00	0.00	0.00	0.00	0.00	XXX
91132	26	A	Electrogastrography	0.52	0.21	NA	0.03	0.76	NA	XXX
91132	TC	C	Electrogastrography	0.00	0.00	0.00	0.00	0.00	0.00	XXX
91133	.....	C	Electrogastrography w/test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
91133	26	A	Electrogastrography w/test	0.66	0.26	NA	0.03	0.95	NA	XXX
91133	TC	C	Electrogastrography w/test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
91299	.....	C	Gastroenterology procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
91299	26	C	Gastroenterology procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
91299	TC	C	Gastroenterology procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92002	.....	A	Eye exam, new patient	0.88	0.96	0.38	0.02	1.86	1.28	XXX
92004	.....	A	Eye exam, new patient	1.67	1.71	0.73	0.03	3.41	2.43	XXX
92012	.....	A	Eye exam established pat	0.67	1.01	0.31	0.01	1.69	0.99	XXX
92014	.....	A	Eye exam & treatment	1.10	1.40	0.50	0.02	2.52	1.62	XXX
92015	.....	N	Refraction	+0.38	1.51	0.15	0.01	1.90	0.54	XXX
92018	.....	A	New eye exam & treatment	2.50	NA	1.14	0.03	NA	3.67	XXX
92019	.....	A	Eye exam & treatment	1.31	NA	0.61	0.03	NA	1.95	XXX
92020	.....	A	Special eye evaluation	0.37	0.95	0.17	0.01	1.33	0.55	XXX
92060	.....	A	Special eye evaluation	0.69	0.74	NA	0.02	1.45	NA	XXX
92060	26	A	Special eye evaluation	0.69	0.31	0.31	0.01	1.01	1.01	XXX
92060	TC	A	Special eye evaluation	0.00	0.43	NA	0.01	0.44	NA	XXX
92065	.....	A	Orthoptic/pleoptic training	0.37	1.19	NA	0.02	1.58	NA	XXX
92065	26	A	Orthoptic/pleoptic training	0.37	0.15	0.15	0.01	0.53	0.53	XXX
92065	TC	A	Orthoptic/pleoptic training	0.00	1.04	NA	0.01	1.05	NA	XXX
92070	.....	A	Fitting of contact lens	0.70	1.12	0.34	0.01	1.83	1.05	XXX
92081	.....	A	Visual field examination(s)	0.36	1.84	NA	0.02	2.22	NA	XXX
92081	26	A	Visual field examination(s)	0.36	0.16	0.16	0.01	0.53	0.53	XXX
92081	TC	A	Visual field examination(s)	0.00	1.68	NA	0.01	1.69	NA	XXX
92082	.....	A	Visual field examination(s)	0.44	0.85	NA	0.02	1.31	NA	XXX
92082	26	A	Visual field examination(s)	0.44	0.20	0.20	0.01	0.65	0.65	XXX
92082	TC	A	Visual field examination(s)	0.00	0.65	NA	0.01	0.66	NA	XXX
92083	.....	A	Visual field examination(s)	0.50	1.51	NA	0.02	2.03	NA	XXX
92083	26	A	Visual field examination(s)	0.50	0.23	0.23	0.01	0.74	0.74	XXX
92083	TC	A	Visual field examination(s)	0.00	1.28	NA	0.01	1.29	NA	XXX
92100	.....	A	Serial tonometry exam(s)	0.92	0.75	0.40	0.02	1.69	1.34	XXX
92120	.....	A	Tonography & eye evaluation	0.81	0.81	0.31	0.02	1.64	1.14	XXX
92130	.....	A	Water provocation tonography	0.81	0.92	0.32	0.02	1.75	1.15	XXX
92135	.....	A	Ophthalmic dx imaging	0.35	1.48	NA	0.02	1.85	NA	XXX
92135	26	A	Ophthalmic dx imaging	0.35	0.17	0.17	0.01	0.53	0.53	XXX
92135	TC	A	Ophthalmic dx imaging	0.00	1.31	NA	0.01	1.32	NA	XXX
92136	.....	A	Ophthalmic biometry	0.54	1.52	NA	0.07	2.13	NA	XXX

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CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
92136	26	A	Ophthalmic biometry	0.54	0.22	0.22	0.01	0.77	0.77	XXX
92136	TC	A	Ophthalmic biometry	0.00	1.30	NA	0.06	1.36	NA	XXX
92140	.....	A	Glaucoma provocative tests	0.50	1.01	0.22	0.01	1.52	0.73	XXX
92225	.....	A	Special eye exam, initial	0.38	0.23	0.17	0.01	0.62	0.56	XXX
92226	.....	A	Special eye exam, subsequent	0.33	0.22	0.15	0.01	0.56	0.49	XXX
92230	.....	A	Eye exam with photos	0.60	1.73	0.21	0.02	2.35	0.83	XXX
92235	.....	A	Eye exam with photos	0.81	2.62	NA	0.07	3.50	NA	XXX
92235	26	A	Eye exam with photos	0.81	0.39	0.39	0.02	1.22	1.22	XXX
92235	TC	A	Eye exam with photos	0.00	2.23	NA	0.05	2.28	NA	XXX
92240	.....	A	Icg angiography	1.10	5.24	NA	0.07	6.41	NA	XXX
92240	26	A	Icg angiography	1.10	0.53	0.53	0.02	1.65	1.65	XXX
92240	TC	A	Icg angiography	0.00	4.71	NA	0.05	4.76	NA	XXX
92250	.....	A	Eye exam with photos	0.44	1.37	NA	0.02	1.83	NA	XXX
92250	26	A	Eye exam with photos	0.44	0.20	0.20	0.01	0.65	0.65	XXX
92250	TC	A	Eye exam with photos	0.00	1.17	NA	0.01	1.18	NA	XXX
92260	.....	A	Ophthalmoscopy/dynamometry	0.20	0.24	0.10	0.01	0.45	0.31	XXX
92265	.....	A	Eye muscle evaluation	0.81	1.23	NA	0.04	2.08	NA	XXX
92265	26	A	Eye muscle evaluation	0.81	0.38	0.38	0.02	1.21	1.21	XXX
92265	TC	A	Eye muscle evaluation	0.00	0.85	NA	0.02	0.87	NA	XXX
92270	.....	A	Electro-oculography	0.81	1.15	NA	0.05	2.01	NA	XXX
92270	26	A	Electro-oculography	0.81	0.37	0.37	0.03	1.21	1.21	XXX
92270	TC	A	Electro-oculography	0.00	0.78	NA	0.02	0.80	NA	XXX
92275	.....	A	Electroretinography	1.01	1.25	NA	0.04	2.30	NA	XXX
92275	26	A	Electroretinography	1.01	0.46	0.46	0.02	1.49	1.49	XXX
92275	TC	A	Electroretinography	0.00	0.79	NA	0.02	0.81	NA	XXX
92283	.....	A	Color vision examination	0.17	0.74	NA	0.02	0.93	NA	XXX
92283	26	A	Color vision examination	0.17	0.07	0.07	0.01	0.25	0.25	XXX
92283	TC	A	Color vision examination	0.00	0.67	NA	0.01	0.68	NA	XXX
92284	.....	A	Dark adaptation eye exam	0.24	1.75	NA	0.02	2.01	NA	XXX
92284	26	A	Dark adaptation eye exam	0.24	0.09	0.09	0.01	0.34	0.34	XXX
92284	TC	A	Dark adaptation eye exam	0.00	1.66	NA	0.01	1.67	NA	XXX
92285	.....	A	Eye photography	0.20	0.80	NA	0.02	1.02	NA	XXX
92285	26	A	Eye photography	0.20	0.09	0.09	0.01	0.30	0.30	XXX
92285	TC	A	Eye photography	0.00	0.71	NA	0.01	0.72	NA	XXX
92286	.....	A	Internal eye photography	0.66	3.00	NA	0.03	3.69	NA	XXX
92286	26	A	Internal eye photography	0.66	0.32	0.32	0.01	0.99	0.99	XXX
92286	TC	A	Internal eye photography	0.00	2.68	NA	0.02	2.70	NA	XXX
92287	.....	A	Internal eye photography	0.81	3.16	0.31	0.02	3.99	1.14	XXX
92310	.....	N	Contact lens fitting	+1.17	1.10	0.47	0.03	2.30	1.67	XXX
92311	.....	A	Contact lens fitting	1.08	1.17	0.31	0.03	2.28	1.42	XXX
92312	.....	A	Contact lens fitting	1.26	1.17	0.45	0.03	2.46	1.74	XXX
92313	.....	A	Contact lens fitting	0.92	1.21	0.33	0.02	2.15	1.27	XXX
92314	.....	N	Prescription of contact lens	+0.69	0.91	0.28	0.01	1.61	0.98	XXX
92315	.....	A	Prescription of contact lens	0.45	0.95	0.17	0.01	1.41	0.63	XXX
92316	.....	A	Prescription of contact lens	0.68	1.03	0.30	0.01	1.72	0.99	XXX
92317	.....	A	Prescription of contact lens	0.45	0.97	0.18	0.01	1.43	0.64	XXX
92325	.....	A	Modification of contact lens	0.00	0.38	NA	0.01	0.39	NA	XXX
92326	.....	A	Replacement of contact lens	0.00	1.55	NA	0.05	1.60	NA	XXX
92330	.....	A	Fitting of artificial eye	1.08	1.01	0.38	0.04	2.13	1.50	XXX
92335	.....	A	Fitting of artificial eye	0.45	0.99	0.17	0.01	1.45	0.63	XXX
92340	.....	N	Fitting of spectacles	+0.37	0.68	0.15	0.01	1.06	0.53	XXX
92341	.....	N	Fitting of spectacles	+0.47	0.72	0.19	0.01	1.20	0.67	XXX
92342	.....	N	Fitting of spectacles	+0.53	0.74	0.21	0.01	1.28	0.75	XXX
92352	.....	B	Special spectacles fitting	+0.37	0.68	0.15	0.01	1.06	0.53	XXX
92353	.....	B	Special spectacles fitting	+0.50	0.73	0.20	0.02	1.25	0.72	XXX
92354	.....	B	Special spectacles fitting	+0.00	8.41	NA	0.08	8.49	NA	XXX
92355	.....	B	Special spectacles fitting	+0.00	4.11	NA	0.01	4.12	NA	XXX
92358	.....	B	Eye prosthesis service	+0.00	0.92	NA	0.04	0.96	NA	XXX
92370	.....	N	Repair & adjust spectacles	+0.32	0.54	0.13	0.02	0.88	0.47	XXX
92371	.....	B	Repair & adjust spectacles	+0.00	0.59	NA	0.02	0.61	NA	XXX
92390	.....	N	Supply of spectacles	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92391	.....	N	Supply of contact lenses	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92392	.....	I	Supply of low vision aids	+0.00	3.84	NA	0.02	3.86	NA	XXX
92393	.....	I	Supply of artificial eye	+0.00	11.92	NA	0.47	12.39	NA	XXX
92395	.....	I	Supply of spectacles	+0.00	1.30	NA	0.08	1.38	NA	XXX
92396	.....	I	Supply of contact lenses	+0.00	2.19	NA	0.06	2.25	NA	XXX
92499	.....	C	Eye service or procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92499	26	C	Eye service or procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92499	TC	C	Eye service or procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92502	.....	A	Ear and throat examination	1.51	NA	1.28	0.06	NA	2.85	000
92504	.....	A	Ear microscopy examination	0.18	1.10	0.09	0.01	1.29	0.28	XXX
92506	.....	A	Speech/hearing evaluation	0.86	1.72	0.43	0.04	2.62	1.33	XXX
92507	.....	A	Speech/hearing therapy	0.52	1.54	0.28	0.02	2.08	0.82	XXX

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[3] +Indicates RVUs are not used for Medicare payment.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
92508	.....	A	Speech/hearing therapy	0.26	1.77	0.15	0.01	2.04	0.42	XXX
92510	.....	A	Rehab for ear implant	1.50	2.11	0.83	0.06	3.67	2.39	XXX
92511	.....	A	Nasopharyngoscopy	0.84	1.36	0.42	0.03	2.23	1.29	000
92512	.....	A	Nasal function studies	0.55	1.13	0.17	0.02	1.70	0.74	XXX
92516	.....	A	Facial nerve function test	0.43	0.94	0.24	0.02	1.39	0.69	XXX
92520	.....	A	Laryngeal function studies	0.76	0.52	0.43	0.03	1.31	1.22	XXX
92525	.....	I	Oral function evaluation	+1.50	1.69	0.60	0.07	3.26	2.17	XXX
92526	.....	A	Oral function therapy	0.55	1.55	0.27	0.02	2.12	0.84	XXX
92531	.....	B	Spontaneous nystagmus study	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92532	.....	B	Positional nystagmus test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92533	.....	B	Caloric vestibular test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92534	.....	B	Optokinetic nystagmus test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92541	.....	A	Spontaneous nystagmus test	0.40	1.45	NA	0.04	1.89	NA	XXX
92541	26	A	Spontaneous nystagmus test	0.40	0.20	0.20	0.02	0.62	0.62	XXX
92541	TC	A	Spontaneous nystagmus test	0.00	1.25	NA	0.02	1.27	NA	XXX
92542	.....	A	Positional nystagmus test	0.33	1.39	NA	0.03	1.75	NA	XXX
92542	26	A	Positional nystagmus test	0.33	0.17	0.17	0.01	0.51	0.51	XXX
92542	TC	A	Positional nystagmus test	0.00	1.22	NA	0.02	1.24	NA	XXX
92543	.....	A	Caloric vestibular test	0.10	0.39	NA	0.02	0.51	NA	XXX
92543	26	A	Caloric vestibular test	0.10	0.05	0.05	0.01	0.16	0.16	XXX
92543	TC	A	Caloric vestibular test	0.00	0.34	NA	0.01	0.35	NA	XXX
92544	.....	A	Optokinetic nystagmus test	0.26	1.35	NA	0.03	1.64	NA	XXX
92544	26	A	Optokinetic nystagmus test	0.26	0.13	0.13	0.01	0.40	0.40	XXX
92544	TC	A	Optokinetic nystagmus test	0.00	1.22	NA	0.02	1.24	NA	XXX
92545	.....	A	Oscillating tracking test	0.23	1.32	NA	0.03	1.58	NA	XXX
92545	26	A	Oscillating tracking test	0.23	0.12	0.12	0.01	0.36	0.36	XXX
92545	TC	A	Oscillating tracking test	0.00	1.20	NA	0.02	1.22	NA	XXX
92546	.....	A	Sinusoidal rotational test	0.29	2.22	NA	0.03	2.54	NA	XXX
92546	26	A	Sinusoidal rotational test	0.29	0.14	0.14	0.01	0.44	0.44	XXX
92546	TC	A	Sinusoidal rotational test	0.00	2.08	NA	0.02	2.10	NA	XXX
92547	.....	A	Supplemental electrical test	0.00	1.21	NA	0.05	1.26	NA	ZZZ
92548	.....	A	Posturography	0.50	2.09	NA	0.13	2.72	NA	XXX
92548	26	A	Posturography	0.50	0.28	0.28	0.02	0.80	0.80	XXX
92548	TC	A	Posturography	0.00	1.81	NA	0.11	1.92	NA	XXX
92551	.....	N	Pure tone hearing test, air	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92552	.....	A	Pure tone audiometry, air	0.00	0.42	NA	0.03	0.45	NA	XXX
92553	.....	A	Audiometry, air & bone	0.00	0.62	NA	0.05	0.67	NA	XXX
92555	.....	A	Speech threshold audiometry	0.00	0.36	NA	0.03	0.39	NA	XXX
92556	.....	A	Speech audiometry, complete	0.00	0.54	NA	0.05	0.59	NA	XXX
92557	.....	A	Comprehensive hearing test	0.00	1.13	NA	0.10	1.23	NA	XXX
92559	.....	N	Group audiometric testing	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92560	.....	N	Bekesy audiometry, screen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92561	.....	A	Bekesy audiometry, diagnosis	0.00	0.68	NA	0.05	0.73	NA	XXX
92562	.....	A	Loudness balance test	0.00	0.39	NA	0.03	0.42	NA	XXX
92563	.....	A	Tone decay hearing test	0.00	0.36	NA	0.03	0.39	NA	XXX
92564	.....	A	Sisi hearing test	0.00	0.45	NA	0.04	0.49	NA	XXX
92565	.....	A	Stenger test, pure tone	0.00	0.38	NA	0.03	0.41	NA	XXX
92567	.....	A	Tympanometry	0.00	0.50	NA	0.05	0.55	NA	XXX
92568	.....	A	Acoustic reflex testing	0.00	0.36	NA	0.03	0.39	NA	XXX
92569	.....	A	Acoustic reflex decay test	0.00	0.39	NA	0.03	0.42	NA	XXX
92571	.....	A	Filtered speech hearing test	0.00	0.37	NA	0.03	0.40	NA	XXX
92572	.....	A	Staggered spondaic word test	0.00	0.08	NA	0.01	0.09	NA	XXX
92573	.....	A	Lombard test	0.00	0.33	NA	0.03	0.36	NA	XXX
92575	.....	A	Sensorineural acuity test	0.00	0.28	NA	0.02	0.30	NA	XXX
92576	.....	A	Synthetic sentence test	0.00	0.42	NA	0.04	0.46	NA	XXX
92577	.....	A	Stenger test, speech	0.00	0.68	NA	0.06	0.74	NA	XXX
92579	.....	A	Visual audiometry (vra)	0.00	0.69	NA	0.05	0.74	NA	XXX
92582	.....	A	Conditioning play audiometry	0.00	0.69	NA	0.05	0.74	NA	XXX
92583	.....	A	Select picture audiometry	0.00	0.84	NA	0.07	0.91	NA	XXX
92584	.....	A	Electrocochleography	0.00	2.35	NA	0.17	2.52	NA	XXX
92585	.....	A	Auditor evoke potent, compre	0.50	1.98	NA	0.14	2.62	NA	XXX
92585	26	A	Auditor evoke potent, compre	0.50	0.23	0.23	0.02	0.75	0.75	XXX
92585	TC	A	Auditor evoke potent, compre	0.00	1.75	NA	0.12	1.87	NA	XXX
92586	.....	A	Auditor evoke potent, limit	0.00	1.75	NA	0.12	1.87	NA	XXX
92587	.....	A	Evoked auditory test	0.13	1.31	NA	0.10	1.54	NA	XXX
92587	26	A	Evoked auditory test	0.13	0.07	0.07	0.01	0.21	0.21	XXX
92587	TC	A	Evoked auditory test	0.00	1.24	NA	0.09	1.33	NA	XXX
92588	.....	A	Evoked auditory test	0.36	1.58	NA	0.12	2.06	NA	XXX
92588	26	A	Evoked auditory test	0.36	0.18	0.18	0.01	0.55	0.55	XXX
92588	TC	A	Evoked auditory test	0.00	1.40	NA	0.11	1.51	NA	XXX
92589	.....	A	Auditory function test(s)	0.00	0.51	NA	0.05	0.56	NA	XXX
92590	.....	N	Hearing aid exam, one ear	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92591	.....	N	Hearing aid exam, both ears	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[3] +Indicates RVUs are not used for Medicare payment.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
92592	.....	N	Hearing aid check, one ear	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92593	.....	N	Hearing aid check, both ears	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92594	.....	N	Electro hearng aid test, one	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92595	.....	N	Electro hearng aid tst, both	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92596	.....	A	Ear protector evaluation	0.00	0.56	NA	0.05	0.61	NA	XXX
92599	.....	C	ENT procedure/service	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92599	26	C	ENT procedure/service	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92599	TC	C	ENT procedure/service	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92950	.....	A	Heart/lung resuscitation cpr	3.80	1.59	1.18	0.21	5.60	5.19	000
92953	.....	A	Temporary external pacing	0.23	NA	0.23	0.01	NA	0.47	000
92960	.....	A	Cardioversion electric, ext	2.25	2.23	0.91	0.08	4.56	3.24	000
92961	.....	A	Cardioversion, electric, int	4.60	NA	1.85	0.17	NA	6.62	000
92970	.....	A	Cardioassist, internal	3.52	NA	1.27	0.17	NA	4.96	000
92971	.....	A	Cardioassist, external	1.77	NA	0.86	0.06	NA	2.69	000
92973	.....	A	Percut coronary thrombectomy	3.28	NA	1.37	0.17	NA	4.82	ZZZ
92974	.....	A	Cath place, cardio brachytx	3.00	NA	1.26	1.18	NA	5.44	ZZZ
92975	.....	A	Dissolve clot, heart vessel	7.25	NA	3.01	0.22	NA	10.48	000
92977	.....	A	Dissolve clot, heart vessel	0.00	7.65	NA	0.38	8.03	NA	XXX
92978	.....	A	Intravasc us, heart add-on	1.80	5.09	NA	0.26	7.15	NA	ZZZ
92978	26	A	Intravasc us, heart add-on	1.80	0.76	0.76	0.06	2.62	2.62	ZZZ
92978	TC	A	Intravasc us, heart add-on	0.00	4.33	NA	0.20	4.53	NA	ZZZ
92979	.....	A	Intravasc us, heart add-on	1.44	2.76	NA	0.15	4.35	NA	ZZZ
92979	26	A	Intravasc us, heart add-on	1.44	0.58	0.58	0.04	2.06	2.06	ZZZ
92979	TC	A	Intravasc us, heart add-on	0.00	2.18	NA	0.11	2.29	NA	ZZZ
92980	.....	A	Insert intracoronary stent	14.84	NA	6.22	0.78	NA	21.84	000
92981	.....	A	Insert intracoronary stent	4.17	NA	1.75	0.21	NA	6.13	ZZZ
92982	.....	A	Coronary artery dilation	10.98	NA	4.59	0.57	NA	16.14	000
92984	.....	A	Coronary artery dilation	2.97	NA	1.24	0.16	NA	4.37	ZZZ
92986	.....	A	Revision of aortic valve	21.80	NA	10.43	1.14	NA	33.37	090
92987	.....	A	Revision of mitral valve	22.70	NA	10.85	1.18	NA	34.73	090
92990	.....	A	Revision of pulmonary valve	17.34	NA	8.41	0.90	NA	26.65	090
92992	.....	C	Revision of heart chamber	0.00	0.00	0.00	0.00	0.00	0.00	090
92993	.....	C	Revision of heart chamber	0.00	0.00	0.00	0.00	0.00	0.00	090
92995	.....	A	Coronary atherectomy	12.09	NA	5.06	0.63	NA	17.78	000
92996	.....	A	Coronary atherectomy add-on	3.26	NA	1.37	0.17	NA	4.80	ZZZ
92997	.....	A	Pul art balloon repr, percut	12.00	NA	4.55	0.63	NA	17.18	000
92998	.....	A	Pul art balloon repr, percut	6.00	NA	2.06	0.31	NA	8.37	ZZZ
93000	.....	A	Electrocardiogram, complete	0.17	0.50	NA	0.03	0.70	NA	XXX
93005	.....	A	Electrocardiogram, tracing	0.00	0.43	NA	0.02	0.45	NA	XXX
93010	.....	A	Electrocardiogram report	0.17	0.07	0.07	0.01	0.25	0.25	XXX
93012	.....	A	Transmission of ecg	0.00	2.24	NA	0.15	2.39	NA	XXX
93014	.....	A	Report on transmitted ecg	0.52	0.19	0.19	0.02	0.73	0.73	XXX
93015	.....	A	Cardiovascular stress test	0.75	1.90	NA	0.11	2.76	NA	XXX
93016	.....	A	Cardiovascular stress test	0.45	0.18	0.18	0.01	0.64	0.64	XXX
93017	.....	A	Cardiovascular stress test	0.00	1.60	NA	0.09	1.69	NA	XXX
93018	.....	A	Cardiovascular stress test	0.30	0.12	0.12	0.01	0.43	0.43	XXX
93024	.....	A	Cardiac drug stress test	1.17	1.55	NA	0.11	2.83	NA	XXX
93024	26	A	Cardiac drug stress test	1.17	0.48	0.48	0.04	1.69	1.69	XXX
93024	TC	A	Cardiac drug stress test	0.00	1.07	NA	0.07	1.14	NA	XXX
93025	.....	A	Microvolt t-wave assess	0.75	6.42	NA	0.11	7.28	NA	XXX
93040	.....	A	Rhythm ECG with report	0.16	0.19	NA	0.02	0.37	NA	XXX
93041	.....	A	Rhythm ECG, tracing	0.00	0.14	NA	0.01	0.15	NA	XXX
93042	.....	A	Rhythm ECG, report	0.16	0.05	0.05	0.01	0.22	0.22	XXX
93224	.....	A	ECG monitor/report, 24 hrs	0.52	3.47	NA	0.21	4.20	NA	XXX
93225	.....	A	ECG monitor/record, 24 hrs	0.00	1.18	NA	0.07	1.25	NA	XXX
93226	.....	A	ECG monitor/report, 24 hrs	0.00	2.08	NA	0.12	2.20	NA	XXX
93227	.....	A	ECG monitor/review, 24 hrs	0.52	0.21	0.21	0.02	0.75	0.75	XXX
93230	.....	A	ECG monitor/report, 24 hrs	0.52	3.72	NA	0.22	4.46	NA	XXX
93231	.....	A	Ecg monitor/record, 24 hrs	0.00	1.44	NA	0.09	1.53	NA	XXX
93232	.....	A	ECG monitor/report, 24 hrs	0.00	2.07	NA	0.11	2.18	NA	XXX
93233	.....	A	ECG monitor/review, 24 hrs	0.52	0.21	0.21	0.02	0.75	0.75	XXX
93235	.....	A	ECG monitor/report, 24 hrs	0.45	2.66	NA	0.13	3.24	NA	XXX
93236	.....	A	ECG monitor/report, 24 hrs	0.00	2.49	NA	0.12	2.61	NA	XXX
93237	.....	A	ECG monitor/review, 24 hrs	0.45	0.17	0.17	0.01	0.63	0.63	XXX
93268	.....	A	ECG record/review	0.52	3.62	NA	0.24	4.38	NA	XXX
93270	.....	A	ECG recording	0.00	1.18	NA	0.07	1.25	NA	XXX
93271	.....	A	Ecg/monitoring and analysis	0.00	2.24	NA	0.15	2.39	NA	XXX
93272	.....	A	Ecg/review, interpret only	0.52	0.20	0.20	0.02	0.74	0.74	XXX
93278	.....	A	ECG/signal-averaged	0.25	1.19	NA	0.10	1.54	NA	XXX
93278	26	A	ECG/signal-averaged	0.25	0.10	0.10	0.01	0.36	0.36	XXX
93278	TC	A	ECG/signal-averaged	0.00	1.09	NA	0.09	1.18	NA	XXX
93303	.....	A	Echo transthoracic	1.30	4.16	NA	0.23	5.69	NA	XXX
93303	26	A	Echo transthoracic	1.30	0.50	0.50	0.04	1.84	1.84	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
93303	TC	A	Echo transthoracic	0.00	3.66	NA	0.19	3.85	NA	XXX
93304	.....	A	Echo transthoracic	0.75	2.15	NA	0.13	3.03	NA	XXX
93304	26	A	Echo transthoracic	0.75	0.30	0.30	0.02	1.07	1.07	XXX
93304	TC	A	Echo transthoracic	0.00	1.85	NA	0.11	1.96	NA	XXX
93307	.....	A	Echo exam of heart	0.92	4.04	NA	0.22	5.18	NA	XXX
93307	26	A	Echo exam of heart	0.92	0.38	0.38	0.03	1.33	1.33	XXX
93307	TC	A	Echo exam of heart	0.00	3.66	NA	0.19	3.85	NA	XXX
93308	.....	A	Echo exam of heart	0.53	2.07	NA	0.13	2.73	NA	XXX
93308	26	A	Echo exam of heart	0.53	0.22	0.22	0.02	0.77	0.77	XXX
93308	TC	A	Echo exam of heart	0.00	1.85	NA	0.11	1.96	NA	XXX
93312	.....	A	Echo transesophageal	2.20	4.45	NA	0.32	6.97	NA	XXX
93312	26	A	Echo transesophageal	2.20	0.86	0.86	0.08	3.14	3.14	XXX
93312	TC	A	Echo transesophageal	0.00	3.59	NA	0.24	3.83	NA	XXX
93313	.....	A	Echo transesophageal	0.95	5.29	0.22	0.05	6.29	1.22	XXX
93314	.....	A	Echo transesophageal	1.25	4.10	NA	0.28	5.63	NA	XXX
93314	26	A	Echo transesophageal	1.25	0.51	0.51	0.04	1.80	1.80	XXX
93314	TC	A	Echo transesophageal	0.00	3.59	NA	0.24	3.83	NA	XXX
93315	.....	A	Echo transesophageal	2.78	4.70	NA	0.34	7.82	NA	XXX
93315	26	A	Echo transesophageal	2.78	1.11	1.11	0.10	3.99	3.99	XXX
93315	TC	A	Echo transesophageal	0.00	3.59	NA	0.24	3.83	NA	XXX
93316	.....	A	Echo transesophageal	0.95	6.39	0.25	0.05	7.39	1.25	XXX
93317	.....	A	Echo transesophageal	1.83	4.31	NA	0.30	6.44	NA	XXX
93317	26	A	Echo transesophageal	1.83	0.72	0.72	0.06	2.61	2.61	XXX
93317	TC	A	Echo transesophageal	0.00	3.59	NA	0.24	3.83	NA	XXX
93318	.....	C	Echo transesophageal intraop	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93318	26	A	Echo transesophageal intraop	2.20	0.88	NA	0.06	3.14	NA	XXX
93318	TC	C	Echo transesophageal intraop	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93320	.....	A	Doppler echo exam, heart	0.38	1.79	NA	0.11	2.28	NA	ZZZ
93320	26	A	Doppler echo exam, heart	0.38	0.16	0.16	0.01	0.55	0.55	ZZZ
93320	TC	A	Doppler echo exam, heart	0.00	1.63	NA	0.10	1.73	NA	ZZZ
93321	.....	A	Doppler echo exam, heart	0.15	1.12	NA	0.08	1.35	NA	ZZZ
93321	26	A	Doppler echo exam, heart	0.15	0.06	0.06	0.01	0.22	0.22	ZZZ
93321	TC	A	Doppler echo exam, heart	0.00	1.06	NA	0.07	1.13	NA	ZZZ
93325	.....	A	Doppler color flow add-on	0.07	2.78	NA	0.18	3.03	NA	ZZZ
93325	26	A	Doppler color flow add-on	0.07	0.03	0.03	0.01	0.11	0.11	ZZZ
93325	TC	A	Doppler color flow add-on	0.00	2.75	NA	0.17	2.92	NA	ZZZ
93350	.....	A	Echo transthoracic	1.48	2.28	NA	0.13	3.89	NA	XXX
93350	26	A	Echo transthoracic	1.48	0.61	0.61	0.02	2.11	2.11	XXX
93350	TC	A	Echo transthoracic	0.00	1.67	NA	0.11	1.78	NA	XXX
93501	.....	A	Right heart catheterization	3.02	17.23	NA	1.03	21.28	NA	000
93501	26	A	Right heart catheterization	3.02	1.24	1.24	0.16	4.42	4.42	000
93501	TC	A	Right heart catheterization	0.00	15.99	NA	0.87	16.86	NA	000
93503	.....	A	Insert/place heart catheter	2.91	NA	0.71	0.16	NA	3.78	000
93505	.....	A	Biopsy of heart lining	4.38	3.67	NA	0.36	8.41	NA	000
93505	26	A	Biopsy of heart lining	4.38	1.80	1.80	0.23	6.41	6.41	000
93505	TC	A	Biopsy of heart lining	0.00	1.87	NA	0.13	2.00	NA	000
93508	.....	A	Cath placement, angiography	4.10	13.64	NA	0.75	18.49	NA	000
93508	26	A	Cath placement, angiography	4.10	1.71	1.71	0.21	6.02	6.02	000
93508	TC	A	Cath placement, angiography	0.00	11.93	NA	0.54	12.47	NA	000
93510	.....	A	Left heart catheterization	4.33	36.77	NA	2.13	43.23	NA	000
93510	26	A	Left heart catheterization	4.33	1.82	1.82	0.22	6.37	6.37	000
93510	TC	A	Left heart catheterization	0.00	34.95	NA	1.91	36.86	NA	000
93511	.....	A	Left heart catheterization	5.03	36.12	NA	2.11	43.26	NA	000
93511	26	A	Left heart catheterization	5.03	2.10	2.10	0.26	7.39	7.39	000
93511	TC	A	Left heart catheterization	0.00	34.02	NA	1.85	35.87	NA	000
93514	.....	A	Left heart catheterization	7.05	36.79	NA	2.22	46.06	NA	000
93514	26	A	Left heart catheterization	7.05	2.77	2.77	0.37	10.19	10.19	000
93514	TC	A	Left heart catheterization	0.00	34.02	NA	1.85	35.87	NA	000
93524	.....	A	Left heart catheterization	6.95	47.32	NA	2.79	57.06	NA	000
93524	26	A	Left heart catheterization	6.95	2.86	2.86	0.36	10.17	10.17	000
93524	TC	A	Left heart catheterization	0.00	44.46	NA	2.43	46.89	NA	000
93526	.....	A	Rt & Lt heart catheters	5.99	48.18	NA	2.81	56.98	NA	000
93526	26	A	Rt & Lt heart catheters	5.99	2.50	2.50	0.31	8.80	8.80	000
93526	TC	A	Rt & Lt heart catheters	0.00	45.68	NA	2.50	48.18	NA	000
93527	.....	A	Rt & Lt heart catheters	7.28	47.49	NA	2.81	57.58	NA	000
93527	26	A	Rt & Lt heart catheters	7.28	3.03	3.03	0.38	10.69	10.69	000
93527	TC	A	Rt & Lt heart catheters	0.00	44.46	NA	2.43	46.89	NA	000
93528	.....	A	Rt & Lt heart catheters	9.00	48.27	NA	2.90	60.17	NA	000
93528	26	A	Rt & Lt heart catheters	9.00	3.81	3.81	0.47	13.28	13.28	000
93528	TC	A	Rt & Lt heart catheters	0.00	44.46	NA	2.43	46.89	NA	000
93529	.....	A	Rt&lt heart catheterization	4.80	46.46	NA	2.68	53.94	NA	000
93529	26	A	Rt&lt heart catheterization	4.80	2.00	2.00	0.25	7.05	7.05	000
93529	TC	A	Rt&lt heart catheterization	0.00	44.46	NA	2.43	46.89	NA	000

[3] +Indicates RVUs are not used for Medicare payment.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
93530	.....	A	Rt heart cath, congenital	4.23	17.59	NA	1.11	22.93	NA	000
93530	26	A	Rt heart cath, congenital	4.23	1.60	1.60	0.24	6.07	6.07	000
93530	TC	A	Rt heart cath, congenital	0.00	15.99	NA	0.87	16.86	NA	000
93531	.....	A	R & l heart cath, congenital	8.35	48.92	NA	2.96	60.23	NA	000
93531	26	A	R & l heart cath, congenital	8.35	3.24	3.24	0.46	12.05	12.05	000
93531	TC	A	R & l heart cath, congenital	0.00	45.68	NA	2.50	48.18	NA	000
93532	.....	A	R & l heart cath, congenital	10.00	48.58	NA	2.95	61.53	NA	000
93532	26	A	R & l heart cath, congenital	10.00	4.12	4.12	0.52	14.64	14.64	000
93532	TC	A	R & l heart cath, congenital	0.00	44.46	NA	2.43	46.89	NA	000
93533	.....	A	R & l heart cath, congenital	6.70	47.01	NA	2.86	56.57	NA	000
93533	26	A	R & l heart cath, congenital	6.70	2.55	2.55	0.43	9.68	9.68	000
93533	TC	A	R & l heart cath, congenital	0.00	44.46	NA	2.43	46.89	NA	000
93536	.....	D	Insert circulation assi	0.00	NA	0.00	0.00	NA	0.00	000
93539	.....	A	Injection, cardiac cath	0.40	0.84	0.17	0.01	1.25	0.58	000
93540	.....	A	Injection, cardiac cath	0.43	0.86	0.18	0.01	1.30	0.62	000
93541	.....	A	Injection for lung angiogram	0.29	NA	0.12	0.01	NA	0.42	000
93542	.....	A	Injection for heart x-rays	0.29	NA	0.12	0.01	NA	0.42	000
93543	.....	A	Injection for heart x-rays	0.29	0.55	0.12	0.01	0.85	0.42	000
93544	.....	A	Injection for aortography	0.25	0.53	0.10	0.01	0.79	0.36	000
93545	.....	A	Inject for coronary x-rays	0.40	0.85	0.17	0.01	1.26	0.58	000
93555	.....	A	Imaging, cardiac cath	0.81	6.27	NA	0.31	7.39	NA	XXX
93555	26	A	Imaging, cardiac cath	0.81	0.34	0.34	0.03	1.18	1.18	XXX
93555	TC	A	Imaging, cardiac cath	0.00	5.93	NA	0.28	6.21	NA	XXX
93556	.....	A	Imaging, cardiac cath	0.83	9.71	NA	0.45	10.99	NA	XXX
93556	26	A	Imaging, cardiac cath	0.83	0.35	0.35	0.03	1.21	1.21	XXX
93556	TC	A	Imaging, cardiac cath	0.00	9.36	NA	0.42	9.78	NA	XXX
93561	.....	A	Cardiac output measurement	0.50	0.67	NA	0.07	1.24	NA	000
93561	26	A	Cardiac output measurement	0.50	0.16	0.16	0.02	0.68	0.68	000
93561	TC	A	Cardiac output measurement	0.00	0.51	NA	0.05	0.56	NA	000
93562	.....	A	Cardiac output measurement	0.16	0.34	NA	0.04	0.54	NA	000
93562	26	A	Cardiac output measurement	0.16	0.05	0.05	0.01	0.22	0.22	000
93562	TC	A	Cardiac output measurement	0.00	0.29	NA	0.03	0.32	NA	000
93571	.....	A	Heart flow reserve measure	1.80	5.06	NA	0.31	7.17	NA	ZZZ
93571	26	A	Heart flow reserve measure	1.80	0.73	0.73	0.11	2.64	2.64	ZZZ
93571	TC	A	Heart flow reserve measure	0.00	4.33	NA	0.20	4.53	NA	ZZZ
93572	.....	A	Heart flow reserve measure	1.44	2.70	NA	0.28	4.42	NA	ZZZ
93572	26	A	Heart flow reserve measure	1.44	0.52	0.52	0.17	2.13	2.13	ZZZ
93572	TC	A	Heart flow reserve measure	0.00	2.18	NA	0.11	2.29	NA	ZZZ
93600	.....	A	Bundle of His recording	2.12	2.74	NA	0.22	5.08	NA	000
93600	26	A	Bundle of His recording	2.12	0.89	0.89	0.11	3.12	3.12	000
93600	TC	A	Bundle of His recording	0.00	1.85	NA	0.11	1.96	NA	000
93602	.....	A	Intra-atrial recording	2.12	1.94	NA	0.18	4.24	NA	000
93602	26	A	Intra-atrial recording	2.12	0.88	0.88	0.12	3.12	3.12	000
93602	TC	A	Intra-atrial recording	0.00	1.06	NA	0.06	1.12	NA	000
93603	.....	A	Right ventricular recording	2.12	2.46	NA	0.20	4.78	NA	000
93603	26	A	Right ventricular recording	2.12	0.86	0.86	0.11	3.09	3.09	000
93603	TC	A	Right ventricular recording	0.00	1.60	NA	0.09	1.69	NA	000
93607	.....	D	Left ventricular recording	0.00	0.00	0.00	0.00	0.00	0.00	000
93607	26	D	Left ventricular recording	0.00	0.00	0.00	0.00	0.00	0.00	000
93607	TC	D	Left ventricular recording	0.00	0.00	0.00	0.00	0.00	0.00	000
93609	.....	A	Map tachycardia, add-on	4.81	4.59	NA	0.66	10.06	NA	ZZZ
93609	26	A	Map tachycardia, add-on	4.81	2.01	2.01	0.52	7.34	7.34	ZZZ
93609	TC	A	Map tachycardia, add-on	0.00	2.58	NA	0.14	2.72	NA	ZZZ
93610	.....	A	Intra-atrial pacing	3.02	2.52	NA	0.25	5.79	NA	000
93610	26	A	Intra-atrial pacing	3.02	1.23	1.23	0.17	4.42	4.42	000
93610	TC	A	Intra-atrial pacing	0.00	1.29	NA	0.08	1.37	NA	000
93612	.....	A	Intraventricular pacing	3.02	2.76	NA	0.26	6.04	NA	000
93612	26	A	Intraventricular pacing	3.02	1.23	1.23	0.17	4.42	4.42	000
93612	TC	A	Intraventricular pacing	0.00	1.53	NA	0.09	1.62	NA	000
93613	.....	C	Electrophys map, 3d, add-on	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93613	26	A	Electrophys map, 3d, add-on	7.00	2.79	2.79	0.52	10.31	10.31	XXX
93613	TC	C	Electrophys map, 3d, add-on	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93615	.....	A	Esophageal recording	0.99	0.66	NA	0.05	1.70	NA	000
93615	26	A	Esophageal recording	0.99	0.36	0.36	0.03	1.38	1.38	000
93615	TC	A	Esophageal recording	0.00	0.30	NA	0.02	0.32	NA	000
93616	.....	A	Esophageal recording	1.49	0.80	NA	0.08	2.37	NA	000
93616	26	A	Esophageal recording	1.49	0.50	0.50	0.06	2.05	2.05	000
93616	TC	A	Esophageal recording	0.00	0.30	NA	0.02	0.32	NA	000
93618	.....	A	Heart rhythm pacing	4.26	5.54	NA	0.42	10.22	NA	000
93618	26	A	Heart rhythm pacing	4.26	1.78	1.78	0.22	6.26	6.26	000
93618	TC	A	Heart rhythm pacing	0.00	3.76	NA	0.20	3.96	NA	000
93619	.....	A	Electrophysiology evaluation	7.32	10.32	NA	0.77	18.41	NA	000
93619	26	A	Electrophysiology evaluation	7.32	3.00	3.00	0.38	10.70	10.70	000

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
93619	TC	A	Electrophysiology evaluation	0.00	7.32	NA	0.39	7.71	NA	000
93620	.....	A	Electrophysiology evaluation	11.59	13.33	NA	1.04	25.96	NA	000
93620	26	A	Electrophysiology evaluation	11.59	4.82	4.82	0.60	17.01	17.01	000
93620	TC	A	Electrophysiology evaluation	0.00	8.51	NA	0.44	8.95	NA	000
93621	.....	C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
93621	26	A	Electrophysiology evaluation	2.10	0.88	0.88	0.15	3.13	3.13	ZZZ
93621	TC	C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
93622	.....	C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
93622	26	A	Electrophysiology evaluation	3.10	1.30	1.30	0.67	5.07	5.07	ZZZ
93622	TC	C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
93623	.....	C	Stimulation, pacing heart	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
93623	26	A	Stimulation, pacing heart	2.85	1.19	1.19	0.15	4.19	4.19	ZZZ
93623	TC	C	Stimulation, pacing heart	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
93624	.....	A	Electrophysiologic study	4.81	3.87	NA	0.36	9.04	NA	000
93624	26	A	Electrophysiologic study	4.81	1.99	1.99	0.25	7.05	7.05	000
93624	TC	A	Electrophysiologic study	0.00	1.88	NA	0.11	1.99	NA	000
93631	.....	A	Heart pacing, mapping	7.60	8.65	NA	1.17	17.42	NA	000
93631	26	A	Heart pacing, mapping	7.60	2.81	2.81	0.66	11.07	11.07	000
93631	TC	A	Heart pacing, mapping	0.00	5.84	NA	0.51	6.35	NA	000
93640	.....	A	Evaluation heart device	3.52	8.27	NA	0.53	12.32	NA	000
93640	26	A	Evaluation heart device	3.52	1.46	1.46	0.18	5.16	5.16	000
93640	TC	A	Evaluation heart device	0.00	6.81	NA	0.35	7.16	NA	000
93641	.....	A	Electrophysiology evaluation	5.93	9.28	NA	0.66	15.87	NA	000
93641	26	A	Electrophysiology evaluation	5.93	2.47	2.47	0.31	8.71	8.71	000
93641	TC	A	Electrophysiology evaluation	0.00	6.81	NA	0.35	7.16	NA	000
93642	.....	A	Electrophysiology evaluation	4.89	8.85	NA	0.51	14.25	NA	000
93642	26	A	Electrophysiology evaluation	4.89	2.04	2.04	0.16	7.09	7.09	000
93642	TC	A	Electrophysiology evaluation	0.00	6.81	NA	0.35	7.16	NA	000
93650	.....	A	Ablate heart dysrhythm focus	10.51	NA	4.32	0.55	NA	15.38	000
93651	.....	A	Ablate heart dysrhythm focus	16.25	NA	6.78	0.85	NA	23.88	000
93652	.....	A	Ablate heart dysrhythm focus	17.68	NA	7.36	0.92	NA	25.96	000
93660	.....	A	Tilt table evaluation	1.89	2.39	NA	0.08	4.36	NA	000
93660	26	A	Tilt table evaluation	1.89	0.79	0.79	0.06	2.74	2.74	000
93660	TC	A	Tilt table evaluation	0.00	1.60	NA	0.02	1.62	NA	000
93662	.....	C	Intracardiac ecg (ice)	+0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
93662	26	A	Intracardiac ecg (ice)	2.80	1.12	1.12	0.41	4.33	4.33	ZZZ
93662	TC	C	Intracardiac ecg (ice)	+0.00	0.00	NA	0.00	0.00	NA	XXX
93668	.....	N	Peripheral vascular rehab	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93701	.....	A	Bioimpedance, thoracic	0.17	0.78	NA	0.02	0.97	NA	XXX
93701	26	A	Bioimpedance, thoracic	0.17	0.07	0.07	0.01	0.25	0.25	XXX
93701	TC	A	Bioimpedance, thoracic	0.00	0.71	NA	0.01	0.72	NA	XXX
93720	.....	A	Total body plethysmography	0.17	0.73	NA	0.06	0.96	NA	XXX
93721	.....	A	Plethysmography tracing	0.00	0.67	NA	0.05	0.72	NA	XXX
93722	.....	A	Plethysmography report	0.17	0.06	0.06	0.01	0.24	0.24	XXX
93724	.....	A	Analyze pacemaker system	4.89	5.80	NA	0.38	11.07	NA	000
93724	26	A	Analyze pacemaker system	4.89	2.04	2.04	0.18	7.11	7.11	000
93724	TC	A	Analyze pacemaker system	0.00	3.76	NA	0.20	3.96	NA	000
93727	.....	A	Analyze ilr system	0.52	0.21	0.21	0.05	0.78	0.78	XXX
93731	.....	A	Analyze pacemaker system	0.45	0.66	NA	0.05	1.16	NA	XXX
93731	26	A	Analyze pacemaker system	0.45	0.19	0.19	0.02	0.66	0.66	XXX
93731	TC	A	Analyze pacemaker system	0.00	0.47	NA	0.03	0.50	NA	XXX
93732	.....	A	Analyze pacemaker system	0.92	0.87	NA	0.06	1.85	NA	XXX
93732	26	A	Analyze pacemaker system	0.92	0.38	0.38	0.03	1.33	1.33	XXX
93732	TC	A	Analyze pacemaker system	0.00	0.49	NA	0.03	0.52	NA	XXX
93733	.....	A	Telephone analy, pacemaker	0.17	0.76	NA	0.06	0.99	NA	XXX
93733	26	A	Telephone analy, pacemaker	0.17	0.07	0.07	0.01	0.25	0.25	XXX
93733	TC	A	Telephone analy, pacemaker	0.00	0.69	NA	0.05	0.74	NA	XXX
93734	.....	A	Analyze pacemaker system	0.38	0.49	NA	0.03	0.90	NA	XXX
93734	26	A	Analyze pacemaker system	0.38	0.16	0.16	0.01	0.55	0.55	XXX
93734	TC	A	Analyze pacemaker system	0.00	0.33	NA	0.02	0.35	NA	XXX
93735	.....	A	Analyze pacemaker system	0.74	0.72	NA	0.06	1.52	NA	XXX
93735	26	A	Analyze pacemaker system	0.74	0.30	0.30	0.03	1.07	1.07	XXX
93735	TC	A	Analyze pacemaker system	0.00	0.42	NA	0.03	0.45	NA	XXX
93736	.....	A	Telephone analy, pacemaker	0.15	0.66	NA	0.06	0.87	NA	XXX
93736	26	A	Telephone analy, pacemaker	0.15	0.06	0.06	0.01	0.22	0.22	XXX
93736	TC	A	Telephone analy, pacemaker	0.00	0.60	NA	0.05	0.65	NA	XXX
93737	.....	D	Analyze cardio/defibrillator	0.00	0.00	NA	0.00	0.00	NA	XXX
93737	26	D	Analyze cardio/defibrillator	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93737	TC	D	Analyze cardio/defibrillator	0.00	0.00	NA	0.00	0.00	NA	XXX
93738	.....	D	Analyze cardio/defibrillator	0.00	0.00	NA	0.00	0.00	NA	XXX
93738	26	D	Analyze cardio/defibrillator	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93738	TC	D	Analyze cardio/defibrillator	0.00	0.00	NA	0.00	0.00	NA	XXX
93740	.....	B	Temperature gradient studies	+0.16	0.21	NA	0.02	0.39	NA	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
93740	26	B	Temperature gradient studies	+0.16	0.06	0.06	0.01	0.23	0.23	XXX
93740	TC	B	Temperature gradient studies	+0.00	0.15	NA	0.01	0.16	NA	XXX
93741	.....	A	Analyze ht pace device sngl	0.80	0.96	NA	0.05	1.81	NA	XXX
93741	26	A	Analyze ht pace device sngl	0.80	0.33	0.33	0.02	1.15	1.15	XXX
93741	TC	A	Analyze ht pace device sngl	0.00	0.63	NA	0.03	0.66	NA	XXX
93742	.....	A	Analyze ht pace device sngl	0.91	1.01	NA	0.05	1.97	NA	XXX
93742	26	A	Analyze ht pace device sngl	0.91	0.38	0.38	0.02	1.31	1.31	XXX
93742	TC	A	Analyze ht pace device sngl	0.00	0.63	NA	0.03	0.66	NA	XXX
93743	.....	A	Analyze ht pace device dual	1.03	1.13	NA	0.06	2.22	NA	XXX
93743	26	A	Analyze ht pace device dual	1.03	0.43	0.43	0.03	1.49	1.49	XXX
93743	TC	A	Analyze ht pace device dual	0.00	0.70	NA	0.03	0.73	NA	XXX
93744	.....	A	Analyze ht pace device dual	1.18	1.12	NA	0.06	2.36	NA	XXX
93744	26	A	Analyze ht pace device dual	1.18	0.49	0.49	0.03	1.70	1.70	XXX
93744	TC	A	Analyze ht pace device dual	0.00	0.63	NA	0.03	0.66	NA	XXX
93760	.....	N	Cephalic thermogram	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93762	.....	N	Peripheral thermogram	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93770	.....	B	Measure venous pressure	+0.16	0.09	NA	0.02	0.27	NA	XXX
93770	26	B	Measure venous pressure	+0.16	0.06	0.06	0.01	0.23	0.23	XXX
93770	TC	B	Measure venous pressure	+0.00	0.03	NA	0.01	0.04	NA	XXX
93784	.....	N	Ambulatory BP monitoring	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93786	.....	N	Ambulatory BP recording	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93788	.....	N	Ambulatory BP analysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93790	.....	N	Review/report BP recording	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93797	.....	A	Cardiac rehab	0.18	0.33	0.07	0.01	0.52	0.26	000
93798	.....	A	Cardiac rehab/monitor	0.28	0.44	0.11	0.01	0.73	0.40	000
93799	.....	C	Cardiovascular procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93799	26	C	Cardiovascular procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93799	TC	C	Cardiovascular procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93875	.....	A	Extracranial study	0.22	1.13	NA	0.10	1.45	NA	XXX
93875	26	A	Extracranial study	0.22	0.08	0.08	0.01	0.31	0.31	XXX
93875	TC	A	Extracranial study	0.00	1.05	NA	0.09	1.14	NA	XXX
93880	.....	A	Extracranial study	0.60	3.76	NA	0.33	4.69	NA	XXX
93880	26	A	Extracranial study	0.60	0.22	0.22	0.04	0.86	0.86	XXX
93880	TC	A	Extracranial study	0.00	3.54	NA	0.29	3.83	NA	XXX
93882	.....	A	Extracranial study	0.40	2.50	NA	0.22	3.12	NA	XXX
93882	26	A	Extracranial study	0.40	0.15	0.15	0.04	0.59	0.59	XXX
93882	TC	A	Extracranial study	0.00	2.35	NA	0.18	2.53	NA	XXX
93886	.....	A	Intracranial study	0.94	4.40	NA	0.37	5.71	NA	XXX
93886	26	A	Intracranial study	0.94	0.40	0.40	0.05	1.39	1.39	XXX
93886	TC	A	Intracranial study	0.00	4.00	NA	0.32	4.32	NA	XXX
93888	.....	A	Intracranial study	0.62	2.91	NA	0.26	3.79	NA	XXX
93888	26	A	Intracranial study	0.62	0.24	0.24	0.04	0.90	0.90	XXX
93888	TC	A	Intracranial study	0.00	2.67	NA	0.22	2.89	NA	XXX
93922	.....	A	Extremity study	0.25	1.18	NA	0.13	1.56	NA	XXX
93922	26	A	Extremity study	0.25	0.09	0.09	0.02	0.36	0.36	XXX
93922	TC	A	Extremity study	0.00	1.09	NA	0.11	1.20	NA	XXX
93923	.....	A	Extremity study	0.45	2.24	NA	0.22	2.91	NA	XXX
93923	26	A	Extremity study	0.45	0.16	0.16	0.04	0.65	0.65	XXX
93923	TC	A	Extremity study	0.00	2.08	NA	0.18	2.26	NA	XXX
93924	.....	A	Extremity study	0.50	2.43	NA	0.26	3.19	NA	XXX
93924	26	A	Extremity study	0.50	0.18	0.18	0.05	0.73	0.73	XXX
93924	TC	A	Extremity study	0.00	2.25	NA	0.21	2.46	NA	XXX
93925	.....	A	Lower extremity study	0.58	3.76	NA	0.33	4.67	NA	XXX
93925	26	A	Lower extremity study	0.58	0.21	0.21	0.04	0.83	0.83	XXX
93925	TC	A	Lower extremity study	0.00	3.55	NA	0.29	3.84	NA	XXX
93926	.....	A	Lower extremity study	0.39	2.51	NA	0.22	3.12	NA	XXX
93926	26	A	Lower extremity study	0.39	0.14	0.14	0.03	0.56	0.56	XXX
93926	TC	A	Lower extremity study	0.00	2.37	NA	0.19	2.56	NA	XXX
93930	.....	A	Upper extremity study	0.46	3.93	NA	0.34	4.73	NA	XXX
93930	26	A	Upper extremity study	0.46	0.16	0.16	0.03	0.65	0.65	XXX
93930	TC	A	Upper extremity study	0.00	3.77	NA	0.31	4.08	NA	XXX
93931	.....	A	Upper extremity study	0.31	2.62	NA	0.22	3.15	NA	XXX
93931	26	A	Upper extremity study	0.31	0.11	0.11	0.02	0.44	0.44	XXX
93931	TC	A	Upper extremity study	0.00	2.51	NA	0.20	2.71	NA	XXX
93965	.....	A	Extremity study	0.35	1.17	NA	0.12	1.64	NA	XXX
93965	26	A	Extremity study	0.35	0.13	0.13	0.02	0.50	0.50	XXX
93965	TC	A	Extremity study	0.00	1.04	NA	0.10	1.14	NA	XXX
93970	.....	A	Extremity study	0.68	4.16	NA	0.38	5.22	NA	XXX
93970	26	A	Extremity study	0.68	0.24	0.24	0.05	0.97	0.97	XXX
93970	TC	A	Extremity study	0.00	3.92	NA	0.33	4.25	NA	XXX
93971	.....	A	Extremity study	0.45	2.77	NA	0.25	3.47	NA	XXX
93971	26	A	Extremity study	0.45	0.16	0.16	0.03	0.64	0.64	XXX
93971	TC	A	Extremity study	0.00	2.61	NA	0.22	2.83	NA	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
93975	.....	A	Vascular study	1.80	5.10	NA	0.47	7.37	NA	XXX
93975	26	A	Vascular study	1.80	0.64	0.64	0.11	2.55	2.55	XXX
93975	TC	A	Vascular study	0.00	4.46	NA	0.36	4.82	NA	XXX
93976	.....	A	Vascular study	1.21	3.41	NA	0.31	4.93	NA	XXX
93976	26	A	Vascular study	1.21	0.43	0.43	0.06	1.70	1.70	XXX
93976	TC	A	Vascular study	0.00	2.98	NA	0.25	3.23	NA	XXX
93978	.....	A	Vascular study	0.65	3.88	NA	0.36	4.89	NA	XXX
93978	26	A	Vascular study	0.65	0.23	0.23	0.05	0.93	0.93	XXX
93978	TC	A	Vascular study	0.00	3.65	NA	0.31	3.96	NA	XXX
93979	.....	A	Vascular study	0.44	2.59	NA	0.24	3.27	NA	XXX
93979	26	A	Vascular study	0.44	0.16	0.16	0.04	0.64	0.64	XXX
93979	TC	A	Vascular study	0.00	2.43	NA	0.20	2.63	NA	XXX
93980	.....	A	Penile vascular study	1.25	3.75	NA	0.35	5.35	NA	XXX
93980	26	A	Penile vascular study	1.25	0.44	0.44	0.07	1.76	1.76	XXX
93980	TC	A	Penile vascular study	0.00	3.31	NA	0.28	3.59	NA	XXX
93981	.....	A	Penile vascular study	0.44	3.21	NA	0.28	3.93	NA	XXX
93981	26	A	Penile vascular study	0.44	0.15	0.15	0.02	0.61	0.61	XXX
93981	TC	A	Penile vascular study	0.00	3.06	NA	0.26	3.32	NA	XXX
93990	.....	A	Doppler flow testing	0.25	2.46	NA	0.21	2.92	NA	XXX
93990	26	A	Doppler flow testing	0.25	0.09	0.09	0.02	0.36	0.36	XXX
93990	TC	A	Doppler flow testing	0.00	2.37	NA	0.19	2.56	NA	XXX
94010	.....	A	Breathing capacity test	0.17	0.82	NA	0.03	1.02	NA	XXX
94010	26	A	Breathing capacity test	0.17	0.06	0.06	0.01	0.24	0.24	XXX
94010	TC	A	Breathing capacity test	0.00	0.76	NA	0.02	0.78	NA	XXX
94014	.....	A	Patient recorded spirometry	0.52	0.46	NA	0.03	1.01	NA	XXX
94015	.....	A	Patient recorded spirometry	0.00	0.29	NA	0.01	0.30	NA	XXX
94016	.....	A	Review patient spirometry	0.52	0.17	0.17	0.02	0.71	0.71	XXX
94060	.....	A	Evaluation of wheezing	0.31	1.36	NA	0.06	1.73	NA	XXX
94060	26	A	Evaluation of wheezing	0.31	0.10	0.10	0.01	0.42	0.42	XXX
94060	TC	A	Evaluation of wheezing	0.00	1.26	NA	0.05	1.31	NA	XXX
94070	.....	A	Evaluation of wheezing	0.60	3.38	NA	0.10	4.08	NA	XXX
94070	26	A	Evaluation of wheezing	0.60	0.19	0.19	0.02	0.81	0.81	XXX
94070	TC	A	Evaluation of wheezing	0.00	3.19	NA	0.08	3.27	NA	XXX
94150	.....	B	Vital capacity test	+0.07	0.63	NA	0.02	0.72	NA	XXX
94150	26	B	Vital capacity test	+0.07	0.03	0.03	0.01	0.11	0.11	XXX
94150	TC	B	Vital capacity test	+0.00	0.60	NA	0.01	0.61	NA	XXX
94200	.....	A	Lung function test (MBC/MVV)	0.11	0.33	NA	0.03	0.47	NA	XXX
94200	26	A	Lung function test (MBC/MVV)	0.11	0.04	0.04	0.01	0.16	0.16	XXX
94200	TC	A	Lung function test (MBC/MVV)	0.00	0.29	NA	0.02	0.31	NA	XXX
94240	.....	A	Residual lung capacity	0.26	1.26	NA	0.05	1.57	NA	XXX
94240	26	A	Residual lung capacity	0.26	0.08	0.08	0.01	0.35	0.35	XXX
94240	TC	A	Residual lung capacity	0.00	1.18	NA	0.04	1.22	NA	XXX
94250	.....	A	Expired gas collection	0.11	0.61	NA	0.02	0.74	NA	XXX
94250	26	A	Expired gas collection	0.11	0.04	0.04	0.01	0.16	0.16	XXX
94250	TC	A	Expired gas collection	0.00	0.57	NA	0.01	0.58	NA	XXX
94260	.....	A	Thoracic gas volume	0.13	0.38	NA	0.04	0.55	NA	XXX
94260	26	A	Thoracic gas volume	0.13	0.04	0.04	0.01	0.18	0.18	XXX
94260	TC	A	Thoracic gas volume	0.00	0.34	NA	0.03	0.37	NA	XXX
94350	.....	A	Lung nitrogen washout curve	0.26	1.01	NA	0.04	1.31	NA	XXX
94350	26	A	Lung nitrogen washout curve	0.26	0.08	0.08	0.01	0.35	0.35	XXX
94350	TC	A	Lung nitrogen washout curve	0.00	0.93	NA	0.03	0.96	NA	XXX
94360	.....	A	Measure airflow resistance	0.26	0.50	NA	0.06	0.82	NA	XXX
94360	26	A	Measure airflow resistance	0.26	0.08	0.08	0.01	0.35	0.35	XXX
94360	TC	A	Measure airflow resistance	0.00	0.42	NA	0.05	0.47	NA	XXX
94370	.....	A	Breath airway closing volume	0.26	2.03	NA	0.03	2.32	NA	XXX
94370	26	A	Breath airway closing volume	0.26	0.08	0.08	0.01	0.35	0.35	XXX
94370	TC	A	Breath airway closing volume	0.00	1.95	NA	0.02	1.97	NA	XXX
94375	.....	A	Respiratory flow volume loop	0.31	0.46	NA	0.03	0.80	NA	XXX
94375	26	A	Respiratory flow volume loop	0.31	0.10	0.10	0.01	0.42	0.42	XXX
94375	TC	A	Respiratory flow volume loop	0.00	0.36	NA	0.02	0.38	NA	XXX
94400	.....	A	CO_2 breathing response curve	0.40	0.70	NA	0.06	1.16	NA	XXX
94400	26	A	CO_2 breathing response curve	0.40	0.13	0.13	0.01	0.54	0.54	XXX
94400	TC	A	CO_2 breathing response curve	0.00	0.57	NA	0.05	0.62	NA	XXX
94450	.....	A	Hypoxia response curve	0.40	0.85	NA	0.04	1.29	NA	XXX
94450	26	A	Hypoxia response curve	0.40	0.12	0.12	0.02	0.54	0.54	XXX
94450	TC	A	Hypoxia response curve	0.00	0.73	NA	0.02	0.75	NA	XXX
94620	.....	A	Pulmonary stress test/simple	0.64	1.66	NA	0.10	2.40	NA	XXX
94620	26	A	Pulmonary stress test/simple	0.64	0.21	0.21	0.02	0.87	0.87	XXX
94620	TC	A	Pulmonary stress test/simple	0.00	1.45	NA	0.08	1.53	NA	XXX
94621	.....	A	Pulm stress test/complex	1.42	1.25	NA	0.13	2.80	NA	XXX
94621	26	A	Pulm stress test/complex	1.42	0.47	0.47	0.05	1.94	1.94	XXX
94621	TC	A	Pulm stress test/complex	0.00	0.78	NA	0.08	0.86	NA	XXX
94640	.....	A	Airway inhalation treatment	0.00	0.74	NA	0.02	0.76	NA	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
94642	.....	C	Aerosol inhalation treatment	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94650	.....	A	Pressure breathing (IPPB)	0.00	0.67	NA	0.02	0.69	NA	XXX
94651	.....	A	Pressure breathing (IPPB)	0.00	0.62	NA	0.02	0.64	NA	XXX
94652	.....	A	Pressure breathing (IPPB)	0.00	0.77	NA	0.06	0.83	NA	XXX
94656	.....	A	Initial ventilator mgmt	1.22	NA	0.33	0.06	NA	1.61	XXX
94657	.....	A	Continued ventilator mgmt	0.83	NA	0.26	0.03	NA	1.12	XXX
94660	.....	A	Pos airway pressure, CPAP	0.76	0.67	0.24	0.03	1.46	1.03	XXX
94662	.....	A	Neg press ventilation, cnp	0.76	NA	0.24	0.02	NA	1.02	XXX
94664	.....	A	Aerosol or vapor inhalations	0.00	0.53	NA	0.03	0.56	NA	XXX
94665	.....	A	Aerosol or vapor inhalations	0.00	0.53	NA	0.04	0.57	NA	XXX
94667	.....	A	Chest wall manipulation	0.00	1.01	NA	0.04	1.05	NA	XXX
94668	.....	A	Chest wall manipulation	0.00	0.75	NA	0.02	0.77	NA	XXX
94680	.....	A	Exhaled air analysis, o_2	0.26	1.17	NA	0.06	1.49	NA	XXX
94680	26	A	Exhaled air analysis, o_2	0.26	0.09	0.09	0.01	0.36	0.36	XXX
94680	TC	A	Exhaled air analysis, o_2	0.00	1.08	NA	0.05	1.13	NA	XXX
94681	.....	A	Exhaled air analysis, o_2/co_2	0.20	1.32	NA	0.11	1.63	NA	XXX
94681	26	A	Exhaled air analysis, o_2/co_2	0.20	0.07	0.07	0.01	0.28	0.28	XXX
94681	TC	A	Exhaled air analysis, o_2/co_2	0.00	1.25	NA	0.10	1.35	NA	XXX
94690	.....	A	Exhaled air analysis	0.07	1.59	NA	0.04	1.70	NA	XXX
94690	26	A	Exhaled air analysis	0.07	0.02	0.02	0.01	0.10	0.10	XXX
94690	TC	A	Exhaled air analysis	0.00	1.57	NA	0.03	1.60	NA	XXX
94720	.....	A	Monoxide diffusing capacity	0.26	1.32	NA	0.06	1.64	NA	XXX
94720	26	A	Monoxide diffusing capacity	0.26	0.08	0.08	0.01	0.35	0.35	XXX
94720	TC	A	Monoxide diffusing capacity	0.00	1.24	NA	0.05	1.29	NA	XXX
94725	.....	A	Membrane diffusion capacity	0.26	0.71	NA	0.11	1.08	NA	XXX
94725	26	A	Membrane diffusion capacity	0.26	0.08	0.08	0.01	0.35	0.35	XXX
94725	TC	A	Membrane diffusion capacity	0.00	0.63	NA	0.10	0.73	NA	XXX
94750	.....	A	Pulmonary compliance study	0.23	1.06	NA	0.04	1.33	NA	XXX
94750	26	A	Pulmonary compliance study	0.23	0.07	0.07	0.01	0.31	0.31	XXX
94750	TC	A	Pulmonary compliance study	0.00	0.99	NA	0.03	1.02	NA	XXX
94760	.....	T	Measure blood oxygen level	0.00	0.10	NA	0.02	0.12	NA	XXX
94761	.....	T	Measure blood oxygen level	0.00	0.14	NA	0.05	0.19	NA	XXX
94762	.....	A	Measure blood oxygen level	0.00	0.74	NA	0.08	0.82	NA	XXX
94770	.....	A	Exhaled carbon dioxide test	0.15	0.91	NA	0.07	1.13	NA	XXX
94770	26	A	Exhaled carbon dioxide test	0.15	0.04	0.04	0.01	0.20	0.20	XXX
94770	TC	A	Exhaled carbon dioxide test	0.00	0.87	NA	0.06	0.93	NA	XXX
94772	.....	C	Breath recording, infant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94772	26	C	Breath recording, infant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94772	TC	C	Breath recording, infant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94799	.....	C	Pulmonary service/procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94799	26	C	Pulmonary service/procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94799	TC	C	Pulmonary service/procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95004	.....	A	Allergy skin tests	0.00	0.09	NA	0.01	0.10	NA	XXX
95010	.....	A	Sensitivity skin tests	0.15	0.45	0.07	0.01	0.61	0.23	XXX
95015	.....	A	Sensitivity skin tests	0.15	0.39	0.06	0.01	0.55	0.22	XXX
95024	.....	A	Allergy skin tests	0.00	0.14	NA	0.01	0.15	NA	XXX
95027	.....	A	Skin end point titration	0.00	0.14	NA	0.01	0.15	NA	XXX
95028	.....	A	Allergy skin tests	0.00	0.22	NA	0.01	0.23	NA	XXX
95044	.....	A	Allergy patch tests	0.00	0.19	NA	0.01	0.20	NA	XXX
95052	.....	A	Photo patch test	0.00	0.24	NA	0.01	0.25	NA	XXX
95056	.....	A	Photosensitivity tests	0.00	0.17	NA	0.01	0.18	NA	XXX
95060	.....	A	Eye allergy tests	0.00	0.33	NA	0.02	0.35	NA	XXX
95065	.....	A	Nose allergy test	0.00	0.19	NA	0.01	0.20	NA	XXX
95070	.....	A	Bronchial allergy tests	0.00	2.17	NA	0.02	2.19	NA	XXX
95071	.....	A	Bronchial allergy tests	0.00	2.77	NA	0.02	2.79	NA	XXX
95075	.....	A	Ingestion challenge test	0.95	0.80	0.43	0.03	1.78	1.41	XXX
95078	.....	A	Provocative testing	0.00	0.24	NA	0.02	0.26	NA	XXX
95115	.....	A	Immunotherapy, one injection	0.00	0.37	NA	0.02	0.39	NA	000
95117	.....	A	Immunotherapy injections	0.00	0.48	NA	0.02	0.50	NA	000
95120	.....	I	Immunotherapy, one injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95125	.....	I	Immunotherapy, many antigens	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95130	.....	I	Immunotherapy, insect venom	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95131	.....	I	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95132	.....	I	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95133	.....	I	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95134	.....	I	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95144	.....	A	Antigen therapy services	0.06	0.25	0.03	0.01	0.32	0.10	000
95145	.....	A	Antigen therapy services	0.06	0.47	0.03	0.01	0.54	0.10	000
95146	.....	A	Antigen therapy services	0.06	0.62	0.03	0.01	0.69	0.10	000
95147	.....	A	Antigen therapy services	0.06	0.91	0.03	0.01	0.98	0.10	000
95148	.....	A	Antigen therapy services	0.06	0.81	0.03	0.01	0.88	0.10	000
95149	.....	A	Antigen therapy services	0.06	1.04	0.03	0.01	1.11	0.10	000
95165	.....	A	Antigen therapy services	0.06	0.21	0.02	0.01	0.28	0.09	000

[3] +Indicates RVUs are not used for Medicare payment.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
95170	.....	A	Antigen therapy services	0.06	0.26	0.02	0.01	0.33	0.09	000
95180	.....	A	Rapid desensitization	2.01	1.66	0.85	0.04	3.71	2.90	000
95199	.....	C	Allergy immunology services	0.00	0.00	0.00	0.00	0.00	0.00	000
95250	.....	A	Glucose monitoring, cont	0.00	1.44	NA	0.01	1.45	NA	XXX
95805	.....	A	Multiple sleep latency test	1.88	5.89	NA	0.34	8.11	NA	XXX
95805	26	A	Multiple sleep latency test	1.88	0.70	0.70	0.06	2.64	2.64	XXX
95805	TC	A	Multiple sleep latency test	0.00	5.19	NA	0.28	5.47	NA	XXX
95806	.....	A	Sleep study, unattended	1.66	4.31	NA	0.32	6.29	NA	XXX
95806	26	A	Sleep study, unattended	1.66	0.57	0.57	0.06	2.29	2.29	XXX
95806	TC	A	Sleep study, unattended	0.00	3.74	NA	0.26	4.00	NA	XXX
95807	.....	A	Sleep study, attended	1.66	10.70	NA	0.40	12.76	NA	XXX
95807	26	A	Sleep study, attended	1.66	0.56	0.56	0.05	2.27	2.27	XXX
95807	TC	A	Sleep study, attended	0.00	10.14	NA	0.35	10.49	NA	XXX
95808	.....	A	Polysomnography, 1–3	2.65	3.86	NA	0.44	6.95	NA	XXX
95808	26	A	Polysomnography, 1–3	2.65	0.99	0.99	0.09	3.73	3.73	XXX
95808	TC	A	Polysomnography, 1–3	0.00	2.87	NA	0.35	3.22	NA	XXX
95810	.....	A	Polysomnography, 4 or more	3.53	15.66	NA	0.47	19.66	NA	XXX
95810	26	A	Polysomnography, 4 or more	3.53	1.26	1.26	0.12	4.91	4.91	XXX
95810	TC	A	Polysomnography, 4 or more	0.00	14.40	NA	0.35	14.75	NA	XXX
95811	.....	A	Polysomnography w/cpap	3.80	13.63	NA	0.49	17.92	NA	XXX
95811	26	A	Polysomnography w/cpap	3.80	1.34	1.34	0.13	5.27	5.27	XXX
95811	TC	A	Polysomnography w/cpap	0.00	12.29	NA	0.36	12.65	NA	XXX
95812	.....	A	Electroencephalogram (EEG)	1.08	3.96	NA	0.13	5.17	NA	XXX
95812	26	A	Electroencephalogram (EEG)	1.08	0.48	0.48	0.04	1.60	1.60	XXX
95812	TC	A	Electroencephalogram (EEG)	0.00	3.48	NA	0.09	3.57	NA	XXX
95813	.....	A	Electroencephalogram (EEG)	1.73	5.53	NA	0.15	7.41	NA	XXX
95813	26	A	Electroencephalogram (EEG)	1.73	0.73	0.73	0.06	2.52	2.52	XXX
95813	TC	A	Electroencephalogram (EEG)	0.00	4.80	NA	0.09	4.89	NA	XXX
95816	.....	A	Electroencephalogram (EEG)	1.08	3.42	NA	0.12	4.62	NA	XXX
95816	26	A	Electroencephalogram (EEG)	1.08	0.49	0.49	0.04	1.61	1.61	XXX
95816	TC	A	Electroencephalogram (EEG)	0.00	2.93	NA	0.08	3.01	NA	XXX
95819	.....	A	Electroencephalogram (EEG)	1.08	4.34	NA	0.12	5.54	NA	XXX
95819	26	A	Electroencephalogram (EEG)	1.08	0.49	0.49	0.04	1.61	1.61	XXX
95819	TC	A	Electroencephalogram (EEG)	0.00	3.85	NA	0.08	3.93	NA	XXX
95822	.....	A	Sleep electroencephalogram	1.08	1.78	NA	0.15	3.01	NA	XXX
95822	26	A	Sleep electroencephalogram	1.08	0.49	0.49	0.04	1.61	1.61	XXX
95822	TC	A	Sleep electroencephalogram	0.00	1.29	NA	0.11	1.40	NA	XXX
95824	.....	C	Electroencephalography	+0.00	0.00	0.00	0.00	0.00	0.00	XXX
95824	26	A	Electroencephalography	0.74	0.30	0.30	0.05	1.09	1.09	ZZZ
95824	TC	C	Electroencephalography	+0.00	0.00	NA	0.00	0.00	NA	XXX
95827	.....	A	Night electroencephalogram	1.08	2.64	NA	0.15	3.87	NA	XXX
95827	26	A	Night electroencephalogram	1.08	0.46	0.46	0.03	1.57	1.57	XXX
95827	TC	A	Night electroencephalogram	0.00	2.18	NA	0.12	2.30	NA	XXX
95829	.....	A	Surgery electrocorticogram	6.21	31.39	NA	0.33	37.93	NA	XXX
95829	26	A	Surgery electrocorticogram	6.21	2.90	2.90	0.31	9.42	9.42	XXX
95829	TC	A	Surgery electrocorticogram	0.00	28.49	NA	0.02	28.51	NA	XXX
95830	.....	A	Insert electrodes for EEG	1.70	3.76	0.78	0.07	5.53	2.55	XXX
95831	.....	A	Limb muscle testing, manual	0.28	0.52	0.12	0.01	0.81	0.41	XXX
95832	.....	A	Hand muscle testing, manual	0.29	0.48	0.11	0.01	0.78	0.41	XXX
95833	.....	A	Body muscle testing, manual	0.47	0.54	0.24	0.01	1.02	0.72	XXX
95834	.....	A	Body muscle testing, manual	0.60	0.59	0.28	0.02	1.21	0.90	XXX
95851	.....	A	Range of motion measurements	0.16	0.55	0.08	0.01	0.72	0.25	XXX
95852	.....	A	Range of motion measurements	0.11	0.49	0.05	0.01	0.61	0.17	XXX
95857	.....	A	Tensilon test	0.53	0.66	0.24	0.02	1.21	0.79	XXX
95858	.....	A	Tensilon test & myogram	1.56	1.10	NA	0.07	2.73	NA	XXX
95858	26	A	Tensilon test & myogram	1.56	0.72	0.72	0.04	2.32	2.32	XXX
95858	TC	A	Tensilon test & myogram	0.00	0.38	NA	0.03	0.41	NA	XXX
95860	.....	A	Muscle test, one limb	0.96	1.18	NA	0.05	2.19	NA	XXX
95860	26	A	Muscle test, one limb	0.96	0.45	0.45	0.03	1.44	1.44	XXX
95860	TC	A	Muscle test, one limb	0.00	0.73	NA	0.02	0.75	NA	XXX
95861	.....	A	Muscle test, two limbs	1.54	1.42	NA	0.10	3.06	NA	XXX
95861	26	A	Muscle test, two limbs	1.54	0.72	0.72	0.05	2.31	2.31	XXX
95861	TC	A	Muscle test, two limbs	0.00	0.70	NA	0.05	0.75	NA	XXX
95863	.....	A	Muscle test, 3 limbs	1.87	1.76	NA	0.11	3.74	NA	XXX
95863	26	A	Muscle test, 3 limbs	1.87	0.87	0.87	0.06	2.80	2.80	XXX
95863	TC	A	Muscle test, 3 limbs	0.00	0.89	NA	0.05	0.94	NA	XXX
95864	.....	A	Muscle test, 4 limbs	1.99	2.62	NA	0.16	4.77	NA	XXX
95864	26	A	Muscle test, 4 limbs	1.99	0.93	0.93	0.06	2.98	2.98	XXX
95864	TC	A	Muscle test, 4 limbs	0.00	1.69	NA	0.10	1.79	NA	XXX
95867	.....	A	Muscle test, head or neck	0.79	0.92	NA	0.06	1.77	NA	XXX
95867	26	A	Muscle test, head or neck	0.79	0.37	0.37	0.03	1.19	1.19	XXX
95867	TC	A	Muscle test, head or neck	0.00	0.55	NA	0.03	0.58	NA	XXX
95868	.....	A	Muscle test, head or neck	1.18	1.23	NA	0.08	2.49	NA	XXX

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[3] +Indicates RVUs are not used for Medicare payment.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
95868	26	A	Muscle test, head or neck	1.18	0.57	0.57	0.04	1.79	1.79	XXX
95868	TC	A	Muscle test, head or neck	0.00	0.66	NA	0.04	0.70	NA	XXX
95869	.....	A	Muscle test, thor paraspinal	0.37	0.37	NA	0.03	0.77	NA	XXX
95869	26	A	Muscle test, thor paraspinal	0.37	0.17	0.17	0.01	0.55	0.55	XXX
95869	TC	A	Muscle test, thor paraspinal	0.00	0.20	NA	0.02	0.22	NA	XXX
95870	.....	A	Muscle test, nonparaspinal	0.37	0.37	NA	0.03	0.77	NA	XXX
95870	26	A	Muscle test, nonparaspinal	0.37	0.17	0.17	0.01	0.55	0.55	XXX
95870	TC	A	Muscle test, nonparaspinal	0.00	0.20	NA	0.02	0.22	NA	XXX
95872	.....	A	Muscle test, one fiber	1.50	1.25	NA	0.08	2.83	NA	XXX
95872	26	A	Muscle test, one fiber	1.50	0.68	0.68	0.04	2.22	2.22	XXX
95872	TC	A	Muscle test, one fiber	0.00	0.57	NA	0.04	0.61	NA	XXX
95875	.....	A	Limb exercise test	1.10	1.38	NA	0.09	2.57	NA	XXX
95875	26	A	Limb exercise test	1.10	0.49	0.49	0.04	1.63	1.63	XXX
95875	TC	A	Limb exercise test	0.00	0.89	NA	0.05	0.94	NA	XXX
95900	.....	A	Motor nerve conduction test	0.42	0.73	NA	0.03	1.18	NA	XXX
95900	26	A	Motor nerve conduction test	0.42	0.20	0.20	0.01	0.63	0.63	XXX
95900	TC	A	Motor nerve conduction test	0.00	0.53	NA	0.02	0.55	NA	XXX
95903	.....	A	Motor nerve conduction test	0.60	0.51	NA	0.04	1.15	NA	XXX
95903	26	A	Motor nerve conduction test	0.60	0.27	0.27	0.02	0.89	0.89	XXX
95903	TC	A	Motor nerve conduction test	0.00	0.24	NA	0.02	0.26	NA	XXX
95904	.....	A	Sense nerve conduction test	0.34	0.64	NA	0.03	1.01	NA	XXX
95904	26	A	Sense nerve conduction test	0.34	0.16	0.16	0.01	0.51	0.51	XXX
95904	TC	A	Sense nerve conduction test	0.00	0.48	NA	0.02	0.50	NA	XXX
95920	.....	A	Intraop nerve test add-on	2.11	2.23	NA	0.20	4.54	NA	ZZZ
95920	26	A	Intraop nerve test add-on	2.11	0.99	0.99	0.14	3.24	3.24	ZZZ
95920	TC	A	Intraop nerve test add-on	0.00	1.24	NA	0.06	1.30	NA	ZZZ
95921	.....	A	Autonomic nerv function test	0.90	0.70	NA	0.05	1.65	NA	XXX
95921	26	A	Autonomic nerv function test	0.90	0.34	0.34	0.03	1.27	1.27	XXX
95921	TC	A	Autonomic nerv function test	0.00	0.36	NA	0.02	0.38	NA	XXX
95922	.....	A	Autonomic nerv function test	0.96	0.79	NA	0.05	1.80	NA	XXX
95922	26	A	Autonomic nerv function test	0.96	0.43	0.43	0.03	1.42	1.42	XXX
95922	TC	A	Autonomic nerv function test	0.00	0.36	NA	0.02	0.38	NA	XXX
95923	.....	A	Autonomic nerv function test	0.90	2.57	NA	0.05	3.52	NA	XXX
95923	26	A	Autonomic nerv function test	0.90	0.40	0.40	0.03	1.33	1.33	XXX
95923	TC	A	Autonomic nerv function test	0.00	2.17	NA	0.02	2.19	NA	XXX
95925	.....	A	Somatosensory testing	0.54	1.10	NA	0.07	1.71	NA	XXX
95925	26	A	Somatosensory testing	0.54	0.24	0.24	0.02	0.80	0.80	XXX
95925	TC	A	Somatosensory testing	0.00	0.86	NA	0.05	0.91	NA	XXX
95926	.....	A	Somatosensory testing	0.54	1.11	NA	0.07	1.72	NA	XXX
95926	26	A	Somatosensory testing	0.54	0.25	0.25	0.02	0.81	0.81	XXX
95926	TC	A	Somatosensory testing	0.00	0.86	NA	0.05	0.91	NA	XXX
95927	.....	A	Somatosensory testing	0.54	1.13	NA	0.08	1.75	NA	XXX
95927	26	A	Somatosensory testing	0.54	0.27	0.27	0.03	0.84	0.84	XXX
95927	TC	A	Somatosensory testing	0.00	0.86	NA	0.05	0.91	NA	XXX
95930	.....	A	Visual evoked potential test	0.35	0.84	NA	0.02	1.21	NA	XXX
95930	26	A	Visual evoked potential test	0.35	0.16	0.16	0.01	0.52	0.52	XXX
95930	TC	A	Visual evoked potential test	0.00	0.68	NA	0.01	0.69	NA	XXX
95933	.....	A	Blink reflex test	0.59	1.01	NA	0.07	1.67	NA	XXX
95933	26	A	Blink reflex test	0.59	0.27	0.27	0.02	0.88	0.88	XXX
95933	TC	A	Blink reflex test	0.00	0.74	NA	0.05	0.79	NA	XXX
95934	.....	A	H-reflex test	0.51	0.44	NA	0.04	0.99	NA	XXX
95934	26	A	H-reflex test	0.51	0.24	0.24	0.02	0.77	0.77	XXX
95934	TC	A	H-reflex test	0.00	0.20	NA	0.02	0.22	NA	XXX
95936	.....	A	H-reflex test	0.55	0.45	NA	0.04	1.04	NA	XXX
95936	26	A	H-reflex test	0.55	0.25	0.25	0.02	0.82	0.82	XXX
95936	TC	A	H-reflex test	0.00	0.20	NA	0.02	0.22	NA	XXX
95937	.....	A	Neuromuscular junction test	0.65	0.60	NA	0.04	1.29	NA	XXX
95937	26	A	Neuromuscular junction test	0.65	0.28	0.28	0.02	0.95	0.95	XXX
95937	TC	A	Neuromuscular junction test	0.00	0.32	NA	0.02	0.34	NA	XXX
95950	.....	A	Ambulatory eeg monitoring	1.51	4.93	NA	0.44	6.88	NA	XXX
95950	26	A	Ambulatory eeg monitoring	1.51	0.70	0.70	0.08	2.29	2.29	XXX
95950	TC	A	Ambulatory eeg monitoring	0.00	4.23	NA	0.36	4.59	NA	XXX
95951	.....	A	EEG monitoring/videorecord	6.00	16.38	NA	0.58	22.96	NA	XXX
95951	26	A	EEG monitoring/videorecord	6.00	2.72	2.72	0.20	8.92	8.92	XXX
95951	TC	A	EEG monitoring/videorecord	0.00	13.66	NA	0.38	14.04	NA	XXX
95953	.....	A	EEG monitoring/computer	3.08	7.39	NA	0.46	10.93	NA	XXX
95953	26	A	EEG monitoring/computer	3.08	1.38	1.38	0.10	4.56	4.56	XXX
95953	TC	A	EEG monitoring/computer	0.00	6.01	NA	0.36	6.37	NA	XXX
95954	.....	A	EEG monitoring/giving drugs	2.45	4.43	NA	0.15	7.03	NA	XXX
95954	26	A	EEG monitoring/giving drugs	2.45	1.07	1.07	0.10	3.62	3.62	XXX
95954	TC	A	EEG monitoring/giving drugs	0.00	3.36	NA	0.05	3.41	NA	XXX
95955	.....	A	EEG during surgery	1.01	2.26	NA	0.19	3.46	NA	XXX
95955	26	A	EEG during surgery	1.01	0.40	0.40	0.05	1.46	1.46	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
95955	TC	A	EEG during surgery	0.00	1.86	NA	0.14	2.00	NA	XXX
95956	.....	A	Eeg monitoring, cable/radio	3.08	7.43	NA	0.47	10.98	NA	XXX
95956	26	A	Eeg monitoring, cable/radio	3.08	1.35	1.35	0.11	4.54	4.54	XXX
95956	TC	A	Eeg monitoring, cable/radio	0.00	6.08	NA	0.36	6.44	NA	XXX
95957	.....	A	EEG digital analysis	1.98	2.52	NA	0.17	4.67	NA	XXX
95957	26	A	EEG digital analysis	1.98	0.90	0.90	0.07	2.95	2.95	XXX
95957	TC	A	EEG digital analysis	0.00	1.62	NA	0.10	1.72	NA	XXX
95958	.....	A	EEG monitoring/function test	4.25	3.51	NA	0.29	8.05	NA	XXX
95958	26	A	EEG monitoring/function test	4.25	1.86	1.86	0.18	6.29	6.29	XXX
95958	TC	A	EEG monitoring/function test	0.00	1.65	NA	0.11	1.76	NA	XXX
95961	.....	A	Electrode stimulation, brain	2.97	2.67	NA	0.24	5.88	NA	XXX
95961	26	A	Electrode stimulation, brain	2.97	1.43	1.43	0.18	4.58	4.58	XXX
95961	TC	A	Electrode stimulation, brain	0.00	1.24	NA	0.06	1.30	NA	XXX
95962	.....	A	Electrode stim, brain add-on	3.21	2.72	NA	0.23	6.16	NA	ZZZ
95962	26	A	Electrode stim, brain add-on	3.21	1.48	1.48	0.17	4.86	4.86	ZZZ
95962	TC	A	Electrode stim, brain add-on	0.00	1.24	NA	0.06	1.30	NA	ZZZ
95965	.....	C	Meg, spontaneous	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95965	26	A	Meg, spontaneous	8.00	3.19	3.19	0.20	11.39	11.39	XXX
95965	TC	C	Meg, spontaneous	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95966	.....	C	Meg, evoked, single	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95966	26	A	Meg, evoked, single	4.00	1.60	1.60	0.18	5.78	5.78	XXX
95966	TC	C	Meg, evoked, single	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95967	.....	C	Meg, evoked, each addl	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
95967	26	A	Meg, evoked, each addl	3.50	1.40	1.40	0.17	5.07	5.07	ZZZ
95967	TC	C	Meg, evoked, each addl	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
95970	.....	A	Analyze neurostim, no prog	0.45	0.18	0.16	0.03	0.66	0.64	XXX
95971	.....	A	Analyze neurostim, simple	0.78	0.28	0.24	0.06	1.12	1.08	XXX
95972	.....	A	Analyze neurostim, complex	1.50	0.62	0.51	0.17	2.29	2.18	XXX
95973	.....	A	Analyze neurostim, complex	0.92	0.42	0.36	0.07	1.41	1.35	ZZZ
95974	.....	A	Cranial neurostim, complex	3.00	1.37	1.37	0.15	4.52	4.52	XXX
95975	.....	A	Cranial neurostim, complex	1.70	0.78	0.78	0.07	2.55	2.55	ZZZ
95999	.....	C	Neurological procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
96000	.....	A	Motion analysis, video/3d	1.80	NA	0.72	0.02	NA	2.54	XXX
96001	.....	A	Motion test w/ft press meas	2.15	NA	0.86	0.02	NA	3.03	XXX
96002	.....	A	Dynamic surface emg	0.41	NA	0.16	0.02	NA	0.59	XXX
96003	.....	A	Dynamic fine wire emg	0.37	NA	0.15	0.03	NA	0.55	XXX
96004	.....	A	Phys review of motion tests	1.80	0.72	0.72	0.08	2.60	2.60	XXX
96100	.....	A	Psychological testing	0.00	1.67	NA	0.15	1.82	NA	XXX
96105	.....	A	Assessment of aphasia	0.00	1.67	NA	0.15	1.82	NA	XXX
96110	.....	C	Developmental test, lim	0.00	0.00	0.00	0.00	0.00	0.00	XXX
96111	.....	A	Developmental test, extend	0.00	1.67	NA	0.15	1.82	NA	XXX
96115	.....	A	Neurobehavior status exam	0.00	1.67	NA	0.15	1.82	NA	XXX
96117	.....	A	Neuropsych test battery	0.00	1.67	NA	0.15	1.82	NA	XXX
96150	.....	A	Assess hlth/behave, init	0.50	0.21	0.20	0.02	0.73	0.72	XXX
96151	.....	A	Assess hlth/behave, subseq	0.48	0.21	0.19	0.02	0.71	0.69	XXX
96152	.....	A	Intervene hlth/behave, indiv	0.46	0.20	0.18	0.02	0.68	0.66	XXX
96153	.....	A	Intervene hlth/behave, group	0.10	0.04	0.04	0.01	0.15	0.15	XXX
96154	.....	A	Interv hlth/behav, fam w/pt	0.45	0.19	0.18	0.02	0.66	0.65	XXX
96155	.....	A	Interv hlth/behav fam no pt	0.44	0.18	0.18	0.02	0.64	0.64	XXX
96400	.....	A	Chemotherapy, sc/im	0.00	0.13	NA	0.01	0.14	NA	XXX
96405	.....	A	Intralesional chemo admin	0.52	1.88	0.24	0.02	2.42	0.78	000
96406	.....	A	Intralesional chemo admin	0.80	2.94	0.41	0.02	3.76	1.23	000
96408	.....	A	Chemotherapy, push technique	0.00	0.92	NA	0.05	0.97	NA	XXX
96410	.....	A	Chemotherapy infusion method	0.00	1.47	NA	0.07	1.54	NA	XXX
96412	.....	A	Chemo, infuse method add-on	0.00	1.09	NA	0.06	1.15	NA	ZZZ
96414	.....	A	Chemo, infuse method add-on	0.00	1.27	NA	0.07	1.34	NA	XXX
96420	.....	A	Chemotherapy, push technique	0.00	1.18	NA	0.07	1.25	NA	XXX
96422	.....	A	Chemotherapy infusion method	0.00	1.17	NA	0.07	1.24	NA	XXX
96423	.....	A	Chemo, infuse method add-on	0.00	0.46	NA	0.02	0.48	NA	ZZZ
96425	.....	A	Chemotherapy infusion method	0.00	1.36	NA	0.07	1.43	NA	XXX
96440	.....	A	Chemotherapy, intracavitary	2.37	7.99	1.06	0.12	10.48	3.55	000
96445	.....	A	Chemotherapy, intracavitary	2.20	8.74	1.08	0.07	11.01	3.35	000
96450	.....	A	Chemotherapy, into CNS	1.89	6.79	0.95	0.06	8.74	2.90	000
96520	.....	A	Pump refilling, maintenance	0.00	0.84	NA	0.05	0.89	NA	XXX
96530	.....	A	Pump refilling, maintenance	0.00	1.01	NA	0.05	1.06	NA	XXX
96542	.....	A	Chemotherapy injection	1.42	4.70	0.55	0.05	6.17	2.02	XXX
96545	.....	B	Provide chemotherapy agent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
96549	.....	C	Chemotherapy, unspecified	0.00	0.00	0.00	0.00	0.00	0.00	XXX
96567	.....	A	Photodynamic tx, skin	0.00	1.63	NA	0.03	1.66	NA	XXX
96570	.....	A	Photodynamic tx, 30 min	1.10	0.46	0.38	0.04	1.60	1.52	ZZZ
96571	.....	A	Photodynamic tx, addl 15 min	0.55	0.22	0.20	0.02	0.79	0.77	ZZZ
96900	.....	A	Ultraviolet light therapy	0.00	0.45	NA	0.02	0.47	NA	XXX
96902	.....	B	Trichogram	+0.41	0.25	0.16	0.01	0.67	0.58	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
96910		A	Photochemotherapy with UV–B	0.00	1.37	NA	0.03	1.40	NA	XXX
96912		A	Photochemotherapy with UV–A	0.00	1.54	NA	0.04	1.58	NA	XXX
96913		A	Photochemotherapy, UV–A or B	0.00	2.26	NA	0.08	2.34	NA	XXX
96999		C	Dermatological procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97001		A	Pt evaluation	1.20	0.56	0.37	0.10	1.86	1.67	XXX
97002		A	Pt re-evaluation	0.60	0.35	0.27	0.04	0.99	0.91	XXX
97003		A	Ot evaluation	1.20	0.69	0.32	0.05	1.94	1.57	XXX
97004		A	Ot re-evaluation	0.60	0.69	0.12	0.02	1.31	0.74	XXX
97005		I	Athletic train eval	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97006		I	Athletic train reeval	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97010		B	Hot or cold packs therapy	+0.06	0.04	0.04	0.01	0.11	0.11	XXX
97012		A	Mechanical traction therapy	0.25	0.11	0.11	0.01	0.37	0.37	XXX
97014		A	Electric stimulation therapy	0.18	0.19	0.19	0.01	0.38	0.38	XXX
97016		A	Vasopneumatic device therapy	0.18	0.14	0.14	0.01	0.33	0.33	XXX
97018		A	Paraffin bath therapy	0.06	0.12	0.12	0.01	0.19	0.19	XXX
97020		A	Microwave therapy	0.06	0.05	0.05	0.01	0.12	0.12	XXX
97022		A	Whirlpool therapy	0.17	0.26	0.26	0.01	0.44	0.44	XXX
97024		A	Diathermy treatment	0.06	0.05	0.05	0.01	0.12	0.12	XXX
97026		A	Infrared therapy	0.06	0.05	0.05	0.01	0.12	0.12	XXX
97028		A	Ultraviolet therapy	0.08	0.06	0.06	0.01	0.15	0.15	XXX
97032		A	Electrical stimulation	0.25	0.21	0.21	0.01	0.47	0.47	XXX
97033		A	Electric current therapy	0.26	0.12	0.12	0.02	0.40	0.40	XXX
97034		A	Contrast bath therapy	0.21	0.14	0.14	0.01	0.36	0.36	XXX
97035		A	Ultrasound therapy	0.21	0.08	0.08	0.01	0.30	0.30	XXX
97036		A	Hydrotherapy	0.28	0.34	0.34	0.01	0.63	0.63	XXX
97039		A	Physical therapy treatment	0.20	0.07	0.07	0.01	0.28	0.28	XXX
97110		A	Therapeutic exercises	0.45	0.25	0.25	0.03	0.73	0.73	XXX
97112		A	Neuromuscular reeducation	0.45	0.29	0.29	0.02	0.76	0.76	XXX
97113		A	Aquatic therapy/exercises	0.44	0.33	0.33	0.03	0.80	0.80	XXX
97116		A	Gait training therapy	0.40	0.21	0.21	0.02	0.63	0.63	XXX
97124		A	Massage therapy	0.35	0.21	0.21	0.01	0.57	0.57	XXX
97139		A	Physical medicine procedure	0.21	0.21	0.21	0.01	0.43	0.43	XXX
97140		A	Manual therapy	0.43	0.23	0.23	0.02	0.68	0.68	XXX
97150		A	Group therapeutic procedures	0.27	0.20	0.20	0.02	0.49	0.49	XXX
97504		A	Orthotic training	0.45	0.25	0.25	0.03	0.73	0.73	XXX
97520		A	Prosthetic training	0.45	0.21	0.21	0.02	0.68	0.68	XXX
97530		A	Therapeutic activities	0.44	0.45	0.45	0.02	0.91	0.91	XXX
97532		A	Cognitive skills development	0.44	0.17	0.17	0.01	0.62	0.62	XXX
97533		A	Sensory integration	0.44	0.21	0.21	0.01	0.66	0.66	XXX
97535		A	Self care mngment training	0.45	0.35	0.35	0.02	0.82	0.82	XXX
97537		A	Community/work reintegration	0.45	0.20	0.20	0.01	0.66	0.66	XXX
97542		A	Wheelchair mngment training	0.45	0.22	0.22	0.01	0.68	0.68	XXX
97545		R	Work hardening	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97546		R	Work hardening add-on	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
97601		A	Wound(s) care, selective	0.50	1.90	1.90	0.04	2.44	2.44	XXX
97602		B	Wound(s) care non-selective	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97703		A	Prosthetic checkout	0.25	0.44	0.44	0.02	0.71	0.71	XXX
97750		A	Physical performance test	0.45	0.24	0.24	0.02	0.71	0.71	XXX
97780		N	Acupuncture w/o stimul	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97781		N	Acupuncture w/stimul	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97799		C	Physical medicine procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97802		A	Medical nutrition, indiv, in	0.00	0.45	0.45	0.01	0.46	0.46	XXX
97803		A	Med nutrition, indiv, subseq	0.00	0.45	0.45	0.01	0.46	0.46	XXX
97804		A	Medical nutrition, group	0.00	0.17	0.17	0.01	0.18	0.18	XXX
98925		A	Osteopathic manipulation	0.45	0.38	0.14	0.01	0.84	0.60	000
98926		A	Osteopathic manipulation	0.65	0.44	0.25	0.02	1.11	0.92	000
98927		A	Osteopathic manipulation	0.87	0.52	0.31	0.03	1.42	1.21	000
98928		A	Osteopathic manipulation	1.03	0.59	0.38	0.03	1.65	1.44	000
98929		A	Osteopathic manipulation	1.19	0.65	0.39	0.04	1.88	1.62	000
98940		A	Chiropractic manipulation	0.45	0.25	0.13	0.01	0.71	0.59	000
98941		A	Chiropractic manipulation	0.65	0.31	0.19	0.02	0.98	0.86	000
98942		A	Chiropractic manipulation	0.87	0.37	0.25	0.03	1.27	1.15	000
98943		N	Chiropractic manipulation	+0.40	0.34	0.16	0.01	0.75	0.57	XXX
99000		B	Specimen handling	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99001		B	Specimen handling	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99002		B	Device handling	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99024		B	Postop follow-up visit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99025		B	Initial surgical evaluation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99050		B	Medical services after hrs	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99052		B	Medical services at night	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99054		B	Medical servcs, unusual hrs	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99056		B	Non-office medical services	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99058		B	Office emergency care	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
99070		B	Special supplies	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99071		B	Patient education materials	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99075		N	Medical testimony	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99078		B	Group health education	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99080		B	Special reports or forms	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99082		C	Unusual physician travel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99090		B	Computer data analysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99091		B	Collect/review data from pt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99100		B	Special anesthesia service	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
99116		B	Anesthesia with hypothermia	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
99135		B	Special anesthesia procedure	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
99140		B	Emergency anesthesia	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
99141		B	Sedation, iv/im or inhalant	+0.80	2.12	0.39	0.04	2.96	1.23	XXX
99142		B	Sedation, oral/rectal/nasal	+0.60	1.24	0.31	0.03	1.87	0.94	XXX
99170		A	Anogenital exam, child	1.75	2.02	0.55	0.07	3.84	2.37	000
99172		N	Ocular function screen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99173		N	Visual acuity screen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99175		A	Induction of vomiting	0.00	1.32	NA	0.08	1.40	NA	XXX
99183		A	Hyperbaric oxygen therapy	2.34	NA	0.77	0.12	NA	3.23	XXX
99185		A	Regional hypothermia	0.00	0.61	NA	0.03	0.64	NA	XXX
99186		A	Total body hypothermia	0.00	1.69	NA	0.37	2.06	NA	XXX
99190		X	Special pump services	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99191		X	Special pump services	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99192		X	Special pump services	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99195		A	Phlebotomy	0.00	0.42	NA	0.02	0.44	NA	XXX
99199		C	Special service/proc/report	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99201		A	Office/outpatient visit, new	0.45	0.47	0.16	0.02	0.94	0.63	XXX
99202		A	Office/outpatient visit, new	0.88	0.77	0.33	0.05	1.70	1.26	XXX
99203		A	Office/outpatient visit, new	1.34	1.12	0.50	0.08	2.54	1.92	XXX
99204		A	Office/outpatient visit, new	2.00	1.51	0.74	0.10	3.61	2.84	XXX
99205		A	Office/outpatient visit, new	2.67	1.80	0.98	0.12	4.59	3.77	XXX
99211		A	Office/outpatient visit, est	0.17	0.38	0.06	0.01	0.56	0.24	XXX
99212		A	Office/outpatient visit, est	0.45	0.53	0.17	0.02	1.00	0.64	XXX
99213		A	Office/outpatient visit, est	0.67	0.69	0.24	0.03	1.39	0.94	XXX
99214		A	Office/outpatient visit, est	1.10	1.04	0.41	0.04	2.18	1.55	XXX
99215		A	Office/outpatient visit, est	1.77	1.36	0.66	0.07	3.20	2.50	XXX
99217		A	Observation care discharge	1.28	NA	0.45	0.05	NA	1.78	XXX
99218		A	Observation care	1.28	NA	0.45	0.05	NA	1.78	XXX
99219		A	Observation care	2.14	NA	0.75	0.08	NA	2.97	XXX
99220		A	Observation care	2.99	NA	1.06	0.11	NA	4.16	XXX
99221		A	Initial hospital care	1.28	NA	0.47	0.05	NA	1.80	XXX
99222		A	Initial hospital care	2.14	NA	0.77	0.08	NA	2.99	XXX
99223		A	Initial hospital care	2.99	NA	1.08	0.10	NA	4.17	XXX
99231		A	Subsequent hospital care	0.64	NA	0.24	0.02	NA	0.90	XXX
99232		A	Subsequent hospital care	1.06	NA	0.39	0.03	NA	1.48	XXX
99233		A	Subsequent hospital care	1.51	NA	0.55	0.05	NA	2.11	XXX
99234		A	Observ/hosp same date	2.56	NA	0.93	0.11	NA	3.60	XXX
99235		A	Observ/hosp same date	3.42	NA	1.21	0.13	NA	4.76	XXX
99236		A	Observ/hosp same date	4.27	NA	1.49	0.17	NA	5.93	XXX
99238		A	Hospital discharge day	1.28	NA	0.51	0.04	NA	1.83	XXX
99239		A	Hospital discharge day	1.75	NA	0.71	0.05	NA	2.51	XXX
99241		A	Office consultation	0.64	0.62	0.24	0.04	1.30	0.92	XXX
99242		A	Office consultation	1.29	1.03	0.50	0.09	2.41	1.88	XXX
99243		A	Office consultation	1.72	1.38	0.67	0.10	3.20	2.49	XXX
99244		A	Office consultation	2.58	1.83	0.98	0.13	4.54	3.69	XXX
99245		A	Office consultation	3.43	2.29	1.30	0.16	5.88	4.89	XXX
99251		A	Initial inpatient consult	0.66	NA	0.26	0.04	NA	0.96	XXX
99252		A	Initial inpatient consult	1.32	NA	0.53	0.08	NA	1.93	XXX
99253		A	Initial inpatient consult	1.82	NA	0.72	0.09	NA	2.63	XXX
99254		A	Initial inpatient consult	2.64	NA	1.03	0.11	NA	3.78	XXX
99255		A	Initial inpatient consult	3.65	NA	1.41	0.15	NA	5.21	XXX
99261		A	Follow-up inpatient consult	0.42	NA	0.16	0.02	NA	0.60	XXX
99262		A	Follow-up inpatient consult	0.85	NA	0.32	0.03	NA	1.20	XXX
99263		A	Follow-up inpatient consult	1.27	NA	0.48	0.04	NA	1.79	XXX
99271		A	Confirmatory consultation	0.45	0.67	0.17	0.03	1.15	0.65	XXX
99272		A	Confirmatory consultation	0.84	0.89	0.32	0.06	1.79	1.22	XXX
99273		A	Confirmatory consultation	1.19	1.13	0.47	0.07	2.39	1.73	XXX
99274		A	Confirmatory consultation	1.73	1.41	0.68	0.09	3.23	2.50	XXX
99275		A	Confirmatory consultation	2.31	1.68	0.88	0.10	4.09	3.29	XXX
99281		A	Emergency dept visit	0.33	NA	0.09	0.02	NA	0.44	XXX
99282		A	Emergency dept visit	0.55	NA	0.15	0.03	NA	0.73	XXX
99283		A	Emergency dept visit	1.24	NA	0.32	0.08	NA	1.64	XXX
99284		A	Emergency dept visit	1.95	NA	0.49	0.12	NA	2.56	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
99285		A	Emergency dept visit	3.06	NA	0.75	0.19	NA	4.00	XXX
99288		B	Direct advanced life support	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99289		I	Pt transport, 30–74 min	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99290		I	Pt transport, addl 30 min	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
99291		A	Critical care, first hour	4.00	1.63	1.34	0.14	5.77	5.48	XXX
99292		A	Critical care, addl 30 min	2.00	0.92	0.66	0.07	2.99	2.73	ZZZ
99295		A	Neonatal critical care	16.00	NA	4.53	0.70	NA	21.23	XXX
99296		A	Neonatal critical care	8.00	NA	2.58	0.23	NA	10.81	XXX
99297		A	Neonatal critical care	4.00	NA	1.32	0.12	NA	5.44	XXX
99298		A	Neonatal critical care	2.75	NA	0.97	0.10	NA	3.82	XXX
99301		A	Nursing facility care	1.20	0.70	0.42	0.04	1.94	1.66	XXX
99302		A	Nursing facility care	1.61	0.98	0.57	0.05	2.64	2.23	XXX
99303		A	Nursing facility care	2.01	1.21	0.70	0.06	3.28	2.77	XXX
99311		A	Nursing fac care, subseq	0.60	0.49	0.21	0.02	1.11	0.83	XXX
99312		A	Nursing fac care, subseq	1.00	0.68	0.35	0.03	1.71	1.38	XXX
99313		A	Nursing fac care, subseq	1.42	0.87	0.50	0.04	2.33	1.96	XXX
99315		A	Nursing fac discharge day	1.13	0.74	0.40	0.04	1.91	1.57	XXX
99316		A	Nursing fac discharge day	1.50	0.95	0.53	0.05	2.50	2.08	XXX
99321		A	Rest home visit, new patient	0.71	0.49	NA	0.02	1.22	NA	XXX
99322		A	Rest home visit, new patient	1.01	0.70	NA	0.03	1.74	NA	XXX
99323		A	Rest home visit, new patient	1.28	0.93	NA	0.04	2.25	NA	XXX
99331		A	Rest home visit, est pat	0.60	0.47	NA	0.02	1.09	NA	XXX
99332		A	Rest home visit, est pat	0.80	0.59	NA	0.03	1.42	NA	XXX
99333		A	Rest home visit, est pat	1.00	0.73	NA	0.03	1.76	NA	XXX
99341		A	Home visit, new patient	1.01	0.56	NA	0.05	1.62	NA	XXX
99342		A	Home visit, new patient	1.52	0.87	NA	0.05	2.44	NA	XXX
99343		A	Home visit, new patient	2.27	1.29	NA	0.07	3.63	NA	XXX
99344		A	Home visit, new patient	3.03	1.57	NA	0.10	4.70	NA	XXX
99345		A	Home visit, new patient	3.79	1.86	NA	0.12	5.77	NA	XXX
99347		A	Home visit, est patient	0.76	0.49	NA	0.03	1.28	NA	XXX
99348		A	Home visit, est patient	1.26	0.74	NA	0.04	2.04	NA	XXX
99349		A	Home visit, est patient	2.02	1.08	NA	0.06	3.16	NA	XXX
99350		A	Home visit, est patient	3.03	1.47	NA	0.10	4.60	NA	XXX
99354		A	Prolonged service, office	1.77	1.46	0.66	0.06	3.29	2.49	ZZZ
99355		A	Prolonged service, office	1.77	1.24	0.65	0.06	3.07	2.48	ZZZ
99356		A	Prolonged service, inpatient	1.71	NA	0.61	0.06	NA	2.38	ZZZ
99357		A	Prolonged service, inpatient	1.71	NA	0.63	0.06	NA	2.40	ZZZ
99358		B	Prolonged serv, w/o contact	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
99359		B	Prolonged serv, w/o contact	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
99360		X	Physician standby services	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99361		B	Physician/team conference	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99362		B	Physician/team conference	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99371		B	Physician phone consultation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99372		B	Physician phone consultation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99373		B	Physician phone consultation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99374		B	Home health care supervision	+1.10	1.47	0.44	0.04	2.61	1.58	XXX
99377		B	Hospice care supervision	+1.10	1.47	0.44	0.04	2.61	1.58	XXX
99379		B	Nursing fac care supervision	+1.10	1.47	0.44	0.03	2.60	1.57	XXX
99380		B	Nursing fac care supervision	+1.73	1.72	0.69	0.05	3.50	2.47	XXX
99381		N	Prev visit, new, infant	+1.19	1.50	0.48	0.04	2.73	1.71	XXX
99382		N	Prev visit, new, age 1–4	+1.36	1.54	0.54	0.04	2.94	1.94	XXX
99383		N	Prev visit, new, age 5–11	+1.36	1.48	0.54	0.04	2.88	1.94	XXX
99384		N	Prev visit, new, age 12–17	+1.53	1.55	0.61	0.05	3.13	2.19	XXX
99385		N	Prev visit, new, age 18–39	+1.53	1.55	0.61	0.05	3.13	2.19	XXX
99386		N	Prev visit, new, age 40–64	+1.88	1.74	0.75	0.06	3.68	2.69	XXX
99387		N	Prev visit, new, 65 & over	+2.06	1.87	0.82	0.06	3.99	2.94	XXX
99391		N	Prev visit, est, infant	+1.02	1.02	0.41	0.03	2.07	1.46	XXX
99392		N	Prev visit, est, age 1–4	+1.19	1.09	0.48	0.04	2.32	1.71	XXX
99393		N	Prev visit, est, age 5–11	+1.19	1.06	0.48	0.04	2.29	1.71	XXX
99394		N	Prev visit, est, age 12–17	+1.36	1.15	0.54	0.04	2.55	1.94	XXX
99395		N	Prev visit, est, age 18–39	+1.36	1.18	0.54	0.04	2.58	1.94	XXX
99396		N	Prev visit, est, age 40–64	+1.53	1.27	0.61	0.05	2.85	2.19	XXX
99397		N	Prev visit, est, 65 & over	+1.71	1.37	0.68	0.05	3.13	2.44	XXX
99401		N	Preventive counseling, indiv	+0.48	0.62	0.19	0.01	1.11	0.68	XXX
99402		N	Preventive counseling, indiv	+0.98	0.86	0.39	0.02	1.86	1.39	XXX
99403		N	Preventive counseling, indiv	+1.46	1.10	0.58	0.03	2.59	2.07	XXX
99404		N	Preventive counseling, indiv	+1.95	1.35	0.78	0.04	3.34	2.77	XXX
99411		N	Preventive counseling, group	+0.15	0.18	0.06	0.01	0.34	0.22	XXX
99412		N	Preventive counseling, group	+0.25	0.24	0.10	0.01	0.50	0.36	XXX
99420		N	Health risk assessment test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99429		N	Unlisted preventive service	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99431		A	Initial care, normal newborn	1.17	NA	0.39	0.04	NA	1.60	XXX
99432		A	Newborn care, not in hosp	1.26	1.12	0.50	0.06	2.44	1.82	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
99433		A	Normal newborn care/hospital	0.62	NA	0.21	0.02	NA	0.85	XXX
99435		A	Newborn discharge day hosp	1.50	NA	0.54	0.05	NA	2.09	XXX
99436		A	Attendance, birth	1.50	0.50	0.50	0.05	2.05	2.05	XXX
99440		A	Newborn resuscitation	2.93	NA	1.17	0.11	NA	4.21	XXX
99450		N	Life/disability evaluation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99455		R	Disability examination	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99456		R	Disability examination	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99499		C	Unlisted e&m service	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99500		I	Home visit, prenatal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99501		I	Home visit, postnatal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99502		I	Home visit, nb care	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99503		I	Home visit, resp therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99504		I	Home visit, mech ventilator	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99505		I	Home visit, stoma care	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99506		I	Home visit, im injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99507		I	Home visit, cath maintain	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99508		I	Home visit, sleep studies	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99509		I	Home visit, day life activity	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99510		I	Home visit, sing/m/fam couns	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99511		I	Home visit, fecal/enema mgmt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99512		I	Home visit, hemodialysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99539		I	Home visit, nos	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99551		I	Home infuse, pain mgmt, iv/sc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99552		I	Home infuse pain mgmt, epid/ith	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99553		I	Home infuse, tocolytic tx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99554		I	Home infuse, hormone/platelet	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99555		I	Home infuse, chemotheraphy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99556		I	Home infuse, antibio/fung/vir	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99557		I	Home infuse, anticoagulant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99558		I	Home infuse, immunotherapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99559		I	Home infuse, periton dialysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99560		I	Home infuse, entero nutrition	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99561		I	Home infuse, hydration tx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99562		I	Home infuse, parent nutrition	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99563		I	Home admin, pentamidine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99564		I	Home infuse, antihemophil agnt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99565		I	Home infuse, proteinase inhib	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99566		I	Home infuse, iv therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99567		I	Home infuse, sympath agent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99568		I	Home infuse, misc drug, daily	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99569		I	Home infuse, each addl tx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0021		I	Outside state ambulance serv	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0080		I	Noninterest escort in non er	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0090		I	Interest escort in non er	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0100		I	Nonemergency transport taxi	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0110		I	Nonemergency transport bus	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0120		I	Noner transport mini-bus	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0130		I	Noner transport wheelch van	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0140		I	Nonemergency transport air	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0160		I	Noner transport case worker	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0170		I	Noner transport parking fees	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0180		I	Noner transport lodgng recip	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0190		I	Noner transport meals recip	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0200		I	Noner transport lodgng escrt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0210		I	Noner transport meals escort	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0380		X	Basic life support mileage	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0382		X	Basic support routine suppls	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0384		X	Bls defibrillation supplies	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0390		X	Advanced life support mileag	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0392		X	Als defibrillation supplies	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0394		X	Als IV drug therapy supplies	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0396		X	Als esophageal intub suppls	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0398		X	Als routine disposble suppls	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0420		X	Ambulance waiting ½ hr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0422		X	Ambulance 02 life sustaining	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0424		X	Extra ambulance attendant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0425		X	Ground mileage	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0426		X	Als 1	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0427		X	ALS1-emergency	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0428		X	bls	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0429		X	BLS-emergency	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0430		X	Fixed wing air transport	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0431		X	Rotary wing air transport	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
A0432		X	PI volunteer ambulance co	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0433		X	als 2	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0434		X	Specialty care transport	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0435		X	Fixed wing air mileage	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0436		X	Rotary wing air mileage	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0888		N	Noncovered ambulance mileage	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0999		X	Unlisted ambulance service	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4206		I	1 CC sterile syringe&needle	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4207		I	2 CC sterile syringe&needle	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4208		I	3 CC sterile syringe&needle	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4209		I	5+ CC sterile syringe&needle	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4210		N	Nonneedle injection device	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4211		P	Supp for self-adm injections	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4212		P	Non coring needle or stylet	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4213		I	20+ CC syringe only	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4214		P	30 CC sterile water/saline	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4215		I	Sterile needle	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4220		P	Infusion pump refill kit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4221		X	Maint drug infus cath per wk	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4222		X	Drug infusion pump supplies	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4230		X	Infus insulin pump non needl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4231		X	Infusion insulin pump needle	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4232		X	Syringe w/needle insulin 3cc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4244		I	Alcohol or peroxide per pint	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4245		I	Alcohol wipes per box	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4246		I	Betadine/phisohex solution	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4247		I	Betadine/iodine swabs/wipes	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4250		N	Urine reagent strips/tablets	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4253		P	Blood glucose/reagent strips	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4254		X	Battery for glucose monitor	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4255		X	Glucose monitor platforms	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4256		P	Calibrator solution/chips	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4257		X	Replace Lensshield Cartridge	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4258		P	Lancet device each	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4259		P	Lancets per box	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4260		N	Levonorgestrel implant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4261		N	Cervical cap contraceptive	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4262		B	Temporary tear duct plug	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4263		I	Permanent tear duct plug	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4265		P	Paraffin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4270		B	Disposable endoscope sheath	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4280		X	Brst prsths adhsv attchmnt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4290		X	Sacral nerve stim test lead	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4300		B	Cath impl vasc access portal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4301		P	Implantable access syst perc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4305		P	Drug delivery system >=50 ML	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4306		P	Drug delivery system <=5 ML	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4310		P	Insert tray w/o bag/cath	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4311		P	Catheter w/o bag 2-way latex	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4312		P	Cath w/o bag 2-way silicone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4313		P	Catheter w/bag 3-way	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4314		P	Cath w/drainage 2-way latex	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4315		P	Cath w/drainage 2-way silcne	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4316		P	Cath w/drainage 3-way	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4319		X	Sterile H_2O irrigation solut	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4320		P	Irrigation tray	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4321		X	Cath therapeutic irrig agent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4322		P	Irrigation syringe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4323		P	Saline irrigation solution	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4324		X	Male ext cath w/adh coating	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4325		X	Male ext cath w/adh strip	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4326		P	Male external catheter	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4327		P	Fem urinary collect dev cup	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4328		P	Fem urinary collect pouch	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4329		D	External catheter start set	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4330		P	Stool collection pouch	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4331		X	Extension drainage tubing	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4332		X	Lubricant for cath insertion	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4333		X	Urinary cath anchor device	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4334		X	Urinary cath leg strap	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4335		P	Incontinence supply	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4338		P	Indwelling catheter latex	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4340		P	Indwelling catheter special	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[3] +Indicates RVUs are not used for Medicare payment.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
A4344		P	Cath indw foley 2 way silicn	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4346		P	Cath indw foley 3 way	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4347		P	Male external catheter	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4348		X	Male ext cath extended wear	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4351		P	Straight tip urine catheter	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4352		P	Coude tip urinary catheter	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4353		X	Intermittent urinary cath	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4354		P	Cath insertion tray w/bag	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4355		P	Bladder irrigation tubing	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4356		P	Ext ureth clmp or compr dvc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4357		P	Bedside drainage bag	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4358		P	Urinary leg or abdomen bag	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4359		P	Urinary suspensory w/o leg b	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4360		N	Adult incontinence garment	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4361		P	Ostomy face plate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4362		P	Solid skin barrier	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4364		P	Adhesive, liquid or equal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4365		X	Adhesive remover wipes	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4367		P	Ostomy belt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4368		X	Ostomy filter	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4369		X	Skin barrier liquid per oz	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4370		X	Skin barrier paste per oz	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4371		X	Skin barrier powder per oz	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4372		X	Skin barrier solid 4x4 equiv	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4373		X	Skin barrier with flange	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4374		X	Skin barrier extended wear	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4375		X	Drainable plastic pch w fcpl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4376		X	Drainable rubber pch w fcplt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4377		X	Drainable plstic pch w/o fp	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4378		X	Drainable rubber pch w/o fp	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4379		X	Urinary plastic pouch w fcpl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4380		X	Urinary rubber pouch w fcplt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4381		X	Urinary plastic pouch w/o fp	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4382		X	Urinary hvy plstc pch w/o fp	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4383		X	Urinary rubber pouch w/o fp	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4384		X	Ostomy faceplt/silicone ring	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4385		X	Ost skn barrier sld ext wear	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4386		X	Ost skn barrier w flng ex wr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4387		X	Ost clsd pouch w att st barr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4388		X	Drainable pch w ex wear barr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4389		X	Drainable pch w st wear barr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4390		X	Drainable pch ex wear convex	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4391		X	Urinary pouch w ex wear barr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4392		X	Urinary pouch w st wear barr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4393		X	Urine pch w ex wear bar conv	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4394		X	Ostomy pouch liq deodorant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4395		X	Ostomy pouch solid deodorant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4396		X	Peristomal hernia supprt blt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4397		P	Irrigation supply sleeve	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4398		P	Ostomy irrigation bag	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4399		P	Ostomy irrig cone/cath w brs	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4400		P	Ostomy irrigation set	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4402		P	Lubricant per ounce	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4404		P	Ostomy ring each	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4421		P	Ostomy supply misc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4454		P	Tape all types all sizes	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4455		P	Adhesive remover per ounce	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4460		P	Elastic compression bandage	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4462		X	Abdmnl drssng holder/binder	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4464		N	Joint support device/garment	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4465		P	Non-elastic extremity binder	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4470		P	Gravlee jet washer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4480		P	Vabra aspirator	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4481		X	Tracheostoma filter	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4483		X	Moisture exchanger	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4490		N	Above knee surgical stocking	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4495		N	Thigh length surg stocking	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4500		N	Below knee surgical stocking	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4510		N	Full length surg stocking	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4550		I	Surgical trays	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4554		N	Disposable underpads	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4556		P	Electrodes, pair	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4557		P	Lead wires, pair	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[3] +Indicates RVUs are not used for Medicare payment.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
A4558		P	Conductive paste or gel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4561		X	Pessary rubber, any type	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4562		X	Pessary, non rubber, any type	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4565		X	Slings	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4570		I	Splint	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4572		X	Rib belt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4575		N	Hyperbaric o2 chamber disps	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4580		I	Cast supplies (plaster)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4590		I	Special casting material	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4595		X	TENS suppl 2 lead per month	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4608		X	Transtracheal oxygen cath	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4611		X	Heavy duty battery	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4612		X	Battery cables	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4613		X	Battery charger	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4614		X	Hand-held PEFR meter	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4615		X	Cannula nasal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4616		X	Tubing (oxygen) per foot	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4617		X	Mouth piece	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4618		X	Breathing circuits	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4619		X	Face tent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4620		X	Variable concentration mask	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4621		X	Tracheotomy mask or collar	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4622		X	Tracheostomy or larngectomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4623		X	Tracheostomy inner cannula	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4624		X	Tracheal suction tube	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4625		X	Trach care kit for new trach	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4626		X	Tracheostomy cleaning brush	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4627		N	Spacer bag/reservoir	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4628		X	Oropharyngeal suction cath	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4629		X	Tracheostomy care kit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4630		X	Repl bat t.e.n.s. own by pt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4631		X	Wheelchair battery	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4635		X	Underarm crutch pad	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4636		X	Handgrip for cane etc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4637		X	Repl tip cane/crutch/walker	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4640		X	Alternating pressure pad	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4641		E	Diagnostic imaging agent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4642		E	Satumomab pendetide per dose	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4643		E	High dose contrast MRI	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4644		E	Contrast 100-199 MGs iodine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4645		E	Contrast 200-299 MGs iodine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4646		E	Contrast 300-399 MGs iodine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4647		B	Supp- paramagnetic contr mat	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4649		P	Surgical supplies	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4650		D	Supp esrd centrifuge	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4651		X	Calibrated microcap tube	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4652		X	Microcapillary tube sealant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4655		D	Esrd syringe/needle	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4656		X	Dialysis needle	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4657		X	Dialysis syringe w/wo needle	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4660		X	Sphyg/bp app w cuff and stet	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4663		X	Dialysis blood pressure cuff	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4670		N	Automatic bp monitor, dial	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4680		X	Actificial carbon filter, ea	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4690		X	Dialyzer, each	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4700		D	Standard dialysate solution	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4705		D	Bicarb dialysate solution	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4706		X	Bicarbonate conc sol per gal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4707		X	Bicarbonate conc pow per pac	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4708		X	Acetate conc sol per gallon	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4709		X	Acid conc sol per gallon	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4712		X	Sterile water inj per 10 ml	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4714		X	Treated water per gallon	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4719		X	''Y set'' tubing	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4720		X	Dialysat sol fld vol > 249cc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4721		X	Dialysat sol fld vol > 999cc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4722		X	Dialys sol fld vol > 1999cc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4723		X	Dialys sol fld vol > 2999cc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4724		X	Dialys sol fld vol > 3999cc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4725		X	Dialys sol fld vol > 4999cc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4726		X	Dialys sol fld vol > 5999cc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4730		X	Fistula cannulation set, ea	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4735		D	Local/topical anesthetics	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] +Indicates RVUs are not used for Medicare payment.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
A4736		X	Topical anesthetic, per gram	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4737		X	Inj anesthetic per 10 ml	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4740		X	Shunt accessory	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4750		X	Art or venous blood tubing	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4755		X	Comb art/venous blood tubing	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4760		X	Dialysate sol test kit, each	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4765		X	Dialysate conc pow per pack	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4766		X	Dialysate conc sol add 10 ml	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4770		X	Blood collection tube/vacuum	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4771		X	Serum clotting time tube	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4772		X	Blood glucose test strips	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4773		X	Occult blood test strips	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4774		X	Ammonia test strips	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4780		D	Esrd sterilizing agent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4790		D	Esrd cleansing agents	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4800		D	Heparin/antidote dialysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4801		X	Heparin per 1000 units	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4802		X	Protamine sulfate per 50 mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4820		D	Supplies hemodialysis kit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4850		D	Rubber tipped hemostats	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4860		X	Disposable catheter tips	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4870		X	Plumb/elec wk hm hemo equip	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4880		D	Water storage tanks	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4890		R	Repair/maint cont hemo equip	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4900		D	Capd supply kit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4901		D	Ccpd supply kit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4905		D	Ipd supply kit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4910		D	Esrd nonmedical supplies	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4911		X	Drain bag/bottle	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4912		D	Gomco drain bottle	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4913		X	Misc dialysis supplies noc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4914		D	Preparation kit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4918		X	Venous pressure clamp	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4919		D	Supp dialysis dialyzer holde	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4920		D	Harvard pressure clamp	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4921		D	Measuring cylinder	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4927		X	Non-sterile gloves	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4928		X	Surgical mask	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4929		X	Tourniquet for dialysis, ea	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5051		P	Pouch clsd w barr attached	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5052		P	Clsd ostomy pouch w/o barr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5053		P	Clsd ostomy pouch faceplate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5054		P	Clsd ostomy pouch w/flange	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5055		P	Stoma cap	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5061		P	Pouch drainable w barrier at	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5062		P	Drnble ostomy pouch w/o barr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5063		P	Drain ostomy pouch w/flange	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5064		D	Drain ostomy pouch w/fceplte	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5071		P	Urinary pouch w/barrier	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5072		P	Urinary pouch w/o barrier	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5073		P	Urinary pouch on barr w/flng	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5074		D	Urinary pouch w/faceplate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5075		D	Urinary pouch on faceplate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5081		P	Continent stoma plug	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5082		P	Continent stoma catheter	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5093		P	Ostomy accessory convex inse	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5102		P	Bedside drain btl w/wo tube	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5105		P	Urinary suspensory	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5112		P	Urinary leg bag	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5113		P	Latex leg strap	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5114		P	Foam/fabric leg strap	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5119		P	Skin barrier wipes box pr 50	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5121		P	Solid skin barrier 6x6	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5122		P	Solid skin barrier 8x8	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5123		P	Skin barrier with flange	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5126		P	Disk/foam pad + or − adhesive	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5131		P	Appliance cleaner	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5200		X	Percutaneous catheter anchor	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5500		X	Diab shoe for density insert	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5501		X	Diabetic custom molded shoe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5502		D	Diabetic shoe density insert	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5503		X	Diabetic shoe w/roller/rockr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5504		X	Diabetic shoe with wedge	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[3] +Indicates RVUs are not used for Medicare payment.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
A5505	.....	X	Diab shoe w/metatarsal bar	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5506	.....	X	Diabetic shoe w/off set heel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5507	.....	X	Modification diabetic shoe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5508	.....	X	Diabetic deluxe shoe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5509	.....	X	Direct heat form shoe insert	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5510	.....	X	Compression form shoe insert	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5511	.....	X	Custom fab molded shoe inser	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6000	.....	X	Wound warming wound cover	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6010	.....	X	Collagen based wound filler	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6020	.....	D	Collagen wound dressing	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6021	.....	X	Collagen dressing <=16 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6022	.....	X	Collagen drsg>6<=48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6023	.....	X	Collagen dressing >48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6024	.....	X	Collagen dsg wound filler	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6025	.....	I	Silicone gel sheet, each	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6154	.....	P	Wound pouch each	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6196	.....	P	Alginate dressing <=16 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6197	.....	P	Alginate drsg >16 <=48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6198	.....	P	alginate dressing >48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6199	.....	P	Alginate drsg wound filler	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6200	.....	X	Compos drsg <=16 no border	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6201	.....	X	Compos drsg >16<=48 no bdr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6202	.....	X	Compos drsg >48 no border	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6203	.....	P	Composite drsg <=16 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6204	.....	P	Composite drsg >16<=48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6205	.....	P	Composite drsg >48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6206	.....	P	Contact layer <=16 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6207	.....	P	Contact layer >16<=48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6208	.....	P	Contact layer >48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6209	.....	P	Foam drsg <=16 sq in w/o bdr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6210	.....	P	Foam drg >16<=48 sq in w/o b	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6211	.....	P	Foam drg >48 sq in w/o brdr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6212	.....	P	Foam drg <=16 sq in w/border	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6213	.....	P	Foam drg >16<=48 sq in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6214	.....	P	Foam drg >48 sq in w/border	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6215	.....	P	Foam dressing wound filler	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6216	.....	P	Non-sterile gauze <=16 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6217	.....	P	Non-sterile gauze >16<=48 sq	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6218	.....	P	Non-sterile gauze >48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6219	.....	P	Gauze <=16 sq in w/border	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6220	.....	P	Gauze >16 <=48 sq in w/bordr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6221	.....	P	Gauze >48 sq in w/border	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6222	.....	P	Gauze <=16 in no w/sal w/o b	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6223	.....	P	Gauze >16<=48 no w/sal w/o b	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6224	.....	P	Gauze >48 in no w/sal w/o b	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6228	.....	P	Gauze <=16 sq in water/sal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6229	.....	P	Gauze >16<=48 sq in watr/sal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6230	.....	P	Gauze >48 sq in water/salne	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6231	.....	X	Hydrogel dsg <=16 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6232	.....	X	Hydrogel dsg >16<=48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6233	.....	X	Hydrogel dressing >48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6234	.....	P	Hydrocolld drg <=16 w/o bdr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6235	.....	P	Hydrocolld drg >16<=48 w/o b	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6236	.....	P	Hydrocolld drg >48 in w/o b	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6237	.....	P	Hydrocolld drg <=16 in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6238	.....	P	Hydrocolld drg >16<=48 w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6239	.....	P	Hydrocolld drg >48 in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6240	.....	P	Hydrocolld drg filler paste	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6241	.....	P	Hydrocolloid drg filler dry	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6242	.....	P	Hydrogel drg <=16 in w/o bdr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6243	.....	P	Hydrogel drg >16<=48 w/o bdr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6244	.....	P	Hydrogel drg >48 in w/o bdr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6245	.....	P	Hydrogel drg <=16 in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6246	.....	P	Hydrogel drg >16<=48 in w/b	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6247	.....	P	Hydrogel drg >48 sq in w/b	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6248	.....	P	Hydrogel drsg gel filler	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6250	.....	P	Skin seal protect moisturizr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6251	.....	P	Absorpt drg <=16 sq in w/o b	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6252	.....	P	Absorpt drg >16<=48 w/o bdr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6253	.....	P	Absorpt drg >48 sq in w/o b	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6254	.....	P	Absorpt drg <=16 sq in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6255	.....	P	Absorpt drg >16<=48 in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6256	.....	P	Absorpt drg >48 sq in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[3] +Indicates RVUs are not used for Medicare payment.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
A6257	.....	P	Transparent film <=16 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6258	.....	P	Transparent film >16<=48 in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6259	.....	P	Transparent film >48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6260	.....	P	Wound cleanser any type/size	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6261	.....	P	Wound filler gel/paste/oz	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6262	.....	P	Wound filler dry form/gram	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6263	.....	P	Non-sterile elastic gauze/yd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6264	.....	P	Non-sterile no elastic gauze	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6265	.....	P	Tape per 18 sq inches	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6266	.....	P	Impreg gauze no h20/sal/yard	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6402	.....	P	Sterile gauze <=16 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6403	.....	P	Sterile gauze >16<=48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6404	.....	P	Sterile gauze >48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6405	.....	P	Sterile elastic gauze/yd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6406	.....	P	Sterile non-elastic gauze/yd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7000	.....	X	Disposable canister for pump	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7001	.....	X	Nondisposable pump canister	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7002	.....	X	Tubing used w suction pump	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7003	.....	X	Nebulizer administration set	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7004	.....	X	Disposable nebulizer sml vol	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7005	.....	X	Nondisposable nebulizer set	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7006	.....	X	Filtered nebulizer admin set	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7007	.....	X	Lg vol nebulizer disposable	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7008	.....	X	Disposable nebulizer prefill	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7009	.....	X	Nebulizer reservoir bottle	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7010	.....	X	Disposable corrugated tubing	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7011	.....	X	Nondispos corrugated tubing	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7012	.....	X	Nebulizer water collec devic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7013	.....	X	Disposable compressor filter	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7014	.....	X	Compressor nondispos filter	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7015	.....	X	Aerosol mask used w nebulize	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7016	.....	X	Nebulizer dome & mouthpiece	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7017	.....	X	Nebulizer not used w oxygen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7018	.....	X	Water distilled w/nebulizer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7019	.....	X	Saline solution dispenser	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7020	.....	X	Sterile H_2O or NSS w lgv neb	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7501	.....	X	Tracheostoma valve w diaphra	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7502	.....	X	Replacement diaphragm/fplate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7503	.....	X	HMES filter holder or cap	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7504	.....	X	Tracheostoma HMES filter	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7505	.....	X	HMES or trach valve housing	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7506	.....	X	HMES/trachvalve adhesive disk	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7507	.....	X	Integrated filter & holder	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7508	.....	X	Housing & Integrated Adhesiv	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7509	.....	X	Heat & moisture exchange sys	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9150	.....	E	Misc/exper non-prescript dru	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9160	.....	D	Podiatrist non-covered servi	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9170	.....	D	Chiropractor non-covered ser	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9190	.....	D	Misc/expe personal comfort i	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9270	.....	N	Non-covered item or service	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9300	.....	N	Exercise equipment	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9500	.....	E	Technetium TC 99m sestamibi	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9502	.....	X	Technetium TC 99M tetrofosmin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9503	.....	E	Technetium TC 99m medronate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9504	.....	X	Technetium tc 99m apcitide	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9505	.....	E	Thallous chloride TL 201/mci	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9507	.....	X	Indium/111 capromab pendetid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9508	.....	X	Iobenguane sulfate I–131	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9510	.....	X	Technetium TC99m Disofenin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9511	.....	X	Technetium TC 99m depreotide	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9600	.....	X	Strontium-89 chloride	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9605	.....	X	Samarium sm153 lexidronamm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9700	.....	X	Echocardiography Contrast	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9900	.....	X	Supply/accessory/service	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9901	.....	X	Delivery/set up/dispensing	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0120	.....	N	Periodic oral evaluation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0140	.....	N	Limit oral eval problm focus	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0150	.....	R	Comprehensve oral evaluation	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0160	.....	N	Extensv oral eval prob focus	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0170	.....	N	Re-eval,est pt,problem focus	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0210	.....	I	Intraor complete film series	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0220	.....	I	Intraoral periapical first f	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0230	.....	I	Intraoral periapical ea add	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[3] +Indicates RVUs are not used for Medicare payment.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
D0240		R	Intraoral occlusal film	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0250		R	Extraoral first film	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0260		R	Extraoral ea additional film	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0270		R	Dental bitewing single film	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0272		R	Dental bitewings two films	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0274		R	Dental bitewings four films	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0277		R	Vert bitewings-sev to eight	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0290		I	Dental film skull/facial bon	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0310		I	Dental saliography	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0320		I	Dental tmj arthrogram incl i	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0321		I	Dental other tmj films	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0322		I	Dental tomographic survey	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0330		I	Dental panoramic film	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0340		I	Dental cephalometric film	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0350		I	Oral/facial images	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0415		N	Bacteriologic study	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0425		N	Caries susceptibility test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0460		R	Pulp vitality test	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0470		N	Diagnostic casts	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0472		R	Gross exam, prep & report	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0473		R	Micro exam, prep & report	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0474		R	Micro w/exam of surg margins	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0480		R	Cytopath smear prep & report	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0501		R	Histopathologic examinations	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0502		R	Other oral pathology procedu	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0999		R	Unspecified diagnostic proce	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D1110		N	Dental prophylaxis adult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1120		N	Dental prophylaxis child	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1201		N	Topical fluor w/prophy child	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1203		N	Topical fluor w/o prophy chi	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1204		N	Topical fluor w/o prophy adu	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1205		N	Topical fluoride w/ prophy a	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1310		N	Nutri counsel-control caries	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1320		N	Tobacco counseling	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1330		N	Oral hygiene instruction	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1351		N	Dental sealant per tooth	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1510		R	Space maintainer fxd unilat	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D1515		R	Fixed bilat space maintainer	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D1520		R	Remove unilat space maintain	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D1525		R	Remove bilat space maintain	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D1550		R	Recement space maintainer	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D2110		N	Amalgam one surface primary	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2120		N	Amalgam two surfaces primary	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2130		N	Amalgam three surfaces prima	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2131		N	Amalgam four/more surf prima	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2140		N	Amalgam one surface permanen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2150		N	Amalgam two surfaces permane	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2160		N	Amalgam three surfaces perma	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2161		N	Amalgam 4 or > surfaces perm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2330		N	Resin one surface-anterior	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2331		N	Resin two surfaces-anterior	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2332		N	Resin three surfaces-anterio	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2335		N	Resin 4/> surf or w/incis an	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2336		N	Composite resin crown	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2337		N	Compo resin crown ant-perm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2380		N	Resin one surf poster primar	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2381		N	Resin two surf poster primar	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2382		N	Resin three/more surf post p	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2385		N	Resin one surf poster perman	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2386		N	Resin two surf poster perman	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2387		N	Resin three/more surf post p	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2388		N	Resin four/more, post perm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2410		N	Dental gold foil one surface	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2420		N	Dental gold foil two surface	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2430		N	Dental gold foil three surfa	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2510		N	Dental inlay metalic 1 surf	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2520		N	Dental inlay metallic 2 surf	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2530		N	Dental inlay metl 3/more sur	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2542		N	Dental onlay metallic 2 surf	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2543		N	Dental onlay metallic 3 surf	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2544		N	Dental onlay metl 4/more sur	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2610		N	Inlay porcelain/ceramic 1 su	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2620		N	Inlay porcelain/ceramic 2 su	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
D2630	.....	N	Dental onlay porc 3/more sur	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2642	.....	N	Dental onlay porcelin 2 surf	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2643	.....	N	Dental onlay porcelin 3 surf	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2644	.....	N	Dental onlay porc 4/more sur	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2650	.....	N	Inlay composite/resin one su	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2651	.....	N	Inlay composite/resin two su	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2652	.....	N	Dental inlay resin 3/mre sur	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2662	.....	N	Dental onlay resin 2 surface	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2663	.....	N	Dental onlay resin 3 surface	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2664	.....	N	Dental onlay resin 4/more sur	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2710	.....	N	Crown resin laboratory	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2720	.....	N	Crown resin w/high noble me	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2721	.....	N	Crown resin w/base metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2722	.....	N	Crown resin w/noble metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2740	.....	N	Crown porcelain/ceramic subs	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2750	.....	N	Crown porcelain w/h noble m	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2751	.....	N	Crown porcelain fused base m	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2752	.....	N	Crown porcelain w/noble met	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2780	.....	N	Crown 3/4 cast hi noble met	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2781	.....	N	Crown 3/4 cast base metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2782	.....	N	Crown ¾ cast noble metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2783	.....	N	Crown ¾ porcelain/ceramic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2790	.....	N	Crown full cast high noble m	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2791	.....	N	Crown full cast base metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2792	.....	N	Crown full cast noble metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2799	.....	N	Provisional crown	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2910	.....	N	Dental recement inlay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2920	.....	N	Dental recement crown	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2930	.....	N	Prefab stnlss steel crwn pri	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2931	.....	N	Prefab stnlss steel crown pe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2932	.....	N	Prefabricated resin crown	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2933	.....	N	Prefab stainless steel crown	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2940	.....	N	Dental sedative filling	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2950	.....	N	Core build-up incl any pins	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2951	.....	N	Tooth pin retention	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2952	.....	N	Post and core cast + crown	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2953	.....	N	Each addtnl cast post	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2954	.....	N	Prefab post/core + crown	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2955	.....	N	Post removal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2957	.....	N	Each addtnl prefab post	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2960	.....	N	Laminate labial veneer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2961	.....	N	Lab labial veneer resin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2962	.....	N	Lab labial veneer porcelain	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2970	.....	R	Temporary-fractured tooth	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D2980	.....	N	Crown repair	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2999	.....	R	Dental unspec restorative pr	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D3110	.....	N	Pulp cap direct	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3120	.....	N	Pulp cap indirect	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3220	.....	N	Therapeutic pulpotomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3221	.....	N	Gross pulpal debridement	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3230	.....	N	Pulpal therapy anterior prim	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3240	.....	N	Pulpal therapy posterior pri	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3310	.....	N	Anterior	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3320	.....	N	Root canal therapy 2 canals	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3330	.....	N	Root canal therapy 3 canals	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3331	.....	N	Non-surg tx root canal obs	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3332	.....	N	Incomplete endodontic tx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3333	.....	N	Internal root repair	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3346	.....	N	Retreat root canal anterior	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3347	.....	N	Retreat root canal bicuspid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3348	.....	N	Retreat root canal molar	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3351	.....	N	Apexification/recalc initial	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3352	.....	N	Apexification/recalc interim	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3353	.....	N	Apexification/recalc final	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3410	.....	N	Apicoect/perirad surg anter	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3421	.....	N	Root surgery bicuspid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3425	.....	N	Root surgery molar	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3426	.....	N	Root surgery ea add root	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3430	.....	N	Retrograde filling	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3450	.....	N	Root amputation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3460	.....	R	Endodontic endosseous implan	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D3470	.....	N	Intentional replantation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3910	.....	N	Isolation-tooth w/rubb dam	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
D3920		N	Tooth splitting	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3950		N	Canal prep/fitting of dowel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3999		R	Endodontic procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4210		I	Gingivectomy/plasty per quad	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4211		I	Gingivectomy/plasty per toot	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4220		N	Gingival curettage per quadr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4240		N	Gingival flap proc w/planin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4245		N	Apically positioned flap	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4249		N	Crown lengthen hard tissue	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4260		R	Osseous surgery per quadrant	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4263		R	Bone replce graft first site	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4264		R	Bone replce graft each add	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4266		N	Guided tiss regen resorble	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4267		N	Guided tiss regen nonresorb	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4268		R	Surgical revision procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4270		R	Pedicle soft tissue graft pr	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4271		R	Free soft tissue graft proc	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4273		R	Subepithelial tissue graft	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4274		N	Distal/proximal wedge proc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4320		N	Provision splnt intracoronal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4321		N	Provisional splint extracoro	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4341		N	Periodontal scaling & root	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4355		R	Full mouth debridement	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4381		R	Localized chemo delivery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4910		N	Periodontal maint procedures	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4920		N	Unscheduled dressing change	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4999		N	Unspecified periodontal proc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5110		N	Dentures complete maxillary	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5120		N	Dentures complete mandible	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5130		N	Dentures immediat maxillary	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5140		N	Dentures immediat mandible	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5211		N	Dentures maxill part resin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5212		N	Dentures mand part resin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5213		N	Dentures maxill part metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5214		N	Dentures mandibl part metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5281		N	Removable partial denture	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5410		N	Dentures adjust cmplt maxil	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5411		N	Dentures adjust cmplt mand	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5421		N	Dentures adjust part maxill	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5422		N	Dentures adjust part mandbl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5510		N	Dentur repr broken compl bas	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5520		N	Replace denture teeth complt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5610		N	Dentures repair resin base	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5620		N	Rep part denture cast frame	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5630		N	Rep partial denture clasp	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5640		N	Replace part denture teeth	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5650		N	Add tooth to partial denture	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5660		N	Add clasp to partial denture	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5710		N	Dentures rebase cmplt maxil	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5711		N	Dentures rebase cmplt mand	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5720		N	Dentures rebase part maxill	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5721		N	Dentures rebase part mandbl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5730		N	Denture reln cmplt maxil ch	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5731		N	Denture reln cmplt mand chr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5740		N	Denture reln part maxil chr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5741		N	Denture reln part mand chr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5750		N	Denture reln cmplt max lab	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5751		N	Denture reln cmplt mand lab	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5760		N	Denture reln part maxil lab	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5761		N	Denture reln part mand lab	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5810		N	Denture interm cmplt maxill	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5811		N	Denture interm cmplt mandbl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5820		N	Denture interm part maxill	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5821		N	Denture interm part mandbl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5850		N	Denture tiss conditn maxill	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5851		N	Denture tiss condtin mandbl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5860		N	Overdenture complete	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5861		N	Overdenture partial	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5862		N	Precision attachment	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5867		N	Replacement of precision att	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5875		N	Prosthesis modification	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5899		N	Removable prosthodontic proc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5911		R	Facial moulage sectional	0.00	0.00	0.00	0.00	0.00	0.00	YYY

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
D5912		R	Facial moulage complete	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5913		I	Nasal prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5914		I	Auricular prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5915		I	Orbital prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5916		I	Ocular prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5919		I	Facial prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5922		I	Nasal septal prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5923		I	Ocular prosthesis interim	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5924		I	Cranial prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5925		I	Facial augmentation implant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5926		I	Replacement nasal prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5927		I	Auricular replacement	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5928		I	Orbital replacement	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5929		I	Facial replacement	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5931		I	Surgical obturator	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5932		I	Postsurgical obturator	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5933		I	Refitting of obturator	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5934		I	Mandibular flange prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5935		I	Mandibular denture prosth	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5936		I	Temp obturator prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5937		I	Trismus appliance	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5951		R	Feeding aid	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5952		I	Pediatric speech aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5953		I	Adult speech aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5954		I	Superimposed prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5955		I	Palatal lift prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5958		I	Intraoral con def inter plt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5959		I	Intraoral con def mod palat	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5960		I	Modify speech aid prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5982		I	Surgical stent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5983		R	Radiation applicator	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5984		R	Radiation shield	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5985		R	Radiation cone locator	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5986		N	Fluoride applicator	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5987		R	Commissure splint	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5988		I	Surgical splint	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5999		I	Maxillofacial prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6010		I	Odontics endosteal implant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6020		I	Odontics abutment placement	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6040		I	Odontics eposteal implant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6050		I	Odontics transosteal implnt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6055		I	Implant connecting bar	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6056		N	Prefabricated abutment	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6057		N	Custom abutment	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6058		N	Abutment supported crown	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6059		N	Abutment supported mtl crown	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6060		N	Abutment supported mtl crown	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6061		N	Abutment supported mtl crown	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6062		N	Abutment supported mtl crown	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6063		N	Abutment supported mtl crown	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6064		N	Abutment supported mtl crown	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6065		N	Implant supported crown	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6066		N	Implant supported mtl crown	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6067		N	Implant supported mtl crown	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6068		N	Abutment supported retainer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6069		N	Abutment supported retainer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6070		N	Abutment supported retainer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6071		N	Abutment supported retainer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6072		N	Abutment supported retainer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6073		N	Abutment supported retainer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6074		N	Abutment supported retainer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6075		N	Implant supported retainer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6076		N	Implant supported retainer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6077		N	Implant supported retainer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6078		N	Implnt/abut suprtd fixd dent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6079		N	Implnt/abut suprtd fixd dent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6080		I	Implant maintenance	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6090		I	Repair implant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6095		I	Odontics repr abutment	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6100		I	Removal of implant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6199		I	Implant procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6210		N	Prosthodont high noble metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6211		N	Bridge base metal cast	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
D6212		N	Bridge noble metal cast	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6240		N	Bridge porcelain high noble	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6241		N	Bridge porcelain base metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6242		N	Bridge porcelain nobel metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6245		N	Bridge porcelain/ceramic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6250		N	Bridge resin w/high noble	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6251		N	Bridge resin base metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6252		N	Bridge resin w/noble metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6519		N	Inlay/onlay porce/ceramic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6520		N	Dental retainer two surfaces	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6530		N	Retainer metallic 3+ surface	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6543		N	Dental retainr onlay 3 surf	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6544		N	Dental retainr onlay 4/more	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6545		N	Dental retainr cast metl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6548		N	Porcelain/ceramic retainer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6720		N	Retain crown resin w/hi nble	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6721		N	Crown resin w/base metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6722		N	Crown resin w/noble metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6740		N	Crown porcelain/ceramic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6750		N	Crown porcelain high noble	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6751		N	Crown porcelain base metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6752		N	Crown porcelain noble metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6780		N	Crown ¾ high noble metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6781		N	Crown ¾ cast based metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6782		N	Crown ¾ cast noble metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6783		N	Crown ¾ porcelain/ceramic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6790		N	Crown full high noble metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6791		N	Crown full base metal cast	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6792		N	Crown full noble metal cast	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6920		R	Dental connector bar	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D6930		N	Dental recement bridge	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6940		N	Stress breaker	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6950		N	Precision attachment	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6970		N	Post & core plus retainer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6971		N	Cast post bridge retainer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6972		N	Prefab post & core plus reta	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6973		N	Core build up for retainer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6975		N	Coping metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6976		N	Each addtnl cast post	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6977		N	Each addtl prefab post	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6980		N	Bridge repair	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6999		N	Fixed prosthodontic proc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7110		R	Oral surgery single tooth	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7120		R	Each add tooth extraction	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7130		R	Tooth root removal	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7210		R	Rem imp tooth w/mucoper flp	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7220		R	Impact tooth remov soft tiss	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7230		R	Impact tooth remov part bony	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7240		R	Impact tooth remov comp bony	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7241		R	Impact tooth rem bony w/comp	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7250		R	Tooth root removal	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7260		R	Oral antral fistula closure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7270		N	Tooth reimplantation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7272		N	Tooth transplantation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7280		N	Exposure impact tooth orthod	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7281		N	Exposure tooth aid eruption	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7285		I	Biopsy of oral tissue hard	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7286		I	Biopsy of oral tissue soft	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7290		N	Repositioning of teeth	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7291		R	Transseptal fiberotomy	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7310		I	Alveoplasty w/ extraction	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7320		I	Alveoplasty w/o extraction	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7340		I	Vestibuloplasty ridge extens	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7350		I	Vestibuloplasty exten graft	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7410		I	Rad exc lesion up to 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7420		I	Lesion > 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7430		I	Exc benign tumor to 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7431		I	Benign tumor exc > 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7440		I	Malig tumor exc to 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7441		I	Malig tumor > 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7450		I	Rem odontogen cyst to 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7451		I	Rem odontogen cyst > 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7460		I	Rem nonodonto cyst to 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
D7461		I	Rem nonodonto cyst > 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7465		I	Lesion destruction	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7471		I	Rem exostosis any site	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7480		I	Partial ostectomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7490		I	Mandible resection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7510		I	I&d absc intraoral soft tiss	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7520		I	I&d abscess extraoral	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7530		I	Removal fb skin/areolar tiss	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7540		I	Removal of fb reaction	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7550		I	Removal of sloughed off bone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7560		I	Maxillary sinusotomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7610		I	Maxilla open reduct simple	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7620		I	Clsd reduct simpl maxilla fx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7630		I	Open red simpl mandible fx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7640		I	Clsd red simpl mandible fx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7650		I	Open red simp malar/zygom fx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7660		I	Clsd red simp malar/zygom fx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7670		I	Closd rductn splint alveolus	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7680		I	Reduct simple facial bone fx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7710		I	Maxilla open reduct compound	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7720		I	Clsd reduct compd maxilla fx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7730		I	Open reduct compd mandble fx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7740		I	Clsd reduct compd mandble fx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7750		I	Open red comp malar/zygma fx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7760		I	Clsd red comp malar/zygma fx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7770		I	Open reduc compd alveolus fx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7780		I	Reduct compnd facial bone fx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7810		I	Tmj open reduct-dislocation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7820		I	Closed tmp manipulation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7830		I	Tmj manipulation under anest	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7840		I	Removal of tmj condyle	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7850		I	Tmj meniscectomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7852		I	Tmj repair of joint disc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7854		I	Tmj excisn of joint membrane	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7856		I	Tmj cutting of a muscle	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7858		I	Tmj reconstruction	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7860		I	Tmj cutting into joint	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7865		I	Tmj reshaping components	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7870		I	Tmj aspiration joint fluid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7871		N	Lysis + lavage w catheters	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7872		I	Tmj diagnostic arthroscopy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7873		I	Tmj arthroscopy lysis adhesn	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7874		I	Tmj arthroscopy disc reposit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7875		I	Tmj arthroscopy synovectomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7876		I	Tmj arthroscopy discectomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7877		I	Tmj arthroscopy debridement	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7880		I	Occlusal orthotic appliance	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7899		I	Tmj unspecified therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7910		I	Dent sutur recent wnd to 5 cm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7911		I	Dental suture wound to 5 cm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7912		I	Suture complicate wnd > 5 cm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7920		I	Dental skin graft	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7940		R	Reshaping bone orthognathic	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7941		I	Bone cutting ramus closed	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7943		I	Cutting ramus open w/graft	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7944		I	Bone cutting segmented	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7945		I	Bone cutting body mandible	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7946		I	Reconstruction maxilla total	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7947		I	Reconstruct maxilla segment	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7948		I	Reconstruct midface no graft	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7949		I	Reconstruct midface w/graft	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7950		I	Mandible graft	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7955		I	Repair maxillofacial defects	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7960		I	Frenulectomy/frenulotomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7970		I	Excision hyperplastic tissue	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7971		I	Excision pericoronal gingiva	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7980		I	Sialolithotomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7981		I	Excision of salivary gland	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7982		I	Sialodochoplasty	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7983		I	Closure of salivary fistula	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7990		I	Emergency tracheotomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7991		I	Dental coronoidectomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7995		I	Synthetic graft facial bones	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
D7996	.....	I	Implant mandible for augment	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7997	.....	N	Appliance removal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7999	.....	I	Oral surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8010	.....	N	Limited dental tx primary	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8020	.....	N	Limited dental tx transition	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8030	.....	N	Limited dental tx adolescent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8040	.....	N	Limited dental tx adult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8050	.....	N	Intercep dental tx primary	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8060	.....	N	Intercep dental tx transitn	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8070	.....	N	Compre dental tx transition	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8080	.....	N	Compre dental tx adolescent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8090	.....	N	Compre dental tx adult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8210	.....	N	Orthodontic rem appliance tx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8220	.....	N	Fixed appliance therapy habt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8660	.....	N	Preorthodontic tx visit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8670	.....	N	Periodic orthodontc tx visit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8680	.....	N	Orthodontic retention	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8690	.....	N	Orthodontic treatment	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8691	.....	N	Repair ortho appliance	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8692	.....	N	Replacement retainer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8999	.....	N	Orthodontic procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9110	.....	R	Tx dental pain minor proc	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9210	.....	I	Dent anesthesia w/o surgery	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9211	.....	I	Regional block anesthesia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9212	.....	I	Trigeminal block anesthesia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9215	.....	I	Local anesthesia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9220	.....	I	General anesthesia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9221	.....	I	General anesthesia ea ad 15m	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9230	.....	R	Analgesia	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9241	.....	I	Intravenous sedation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9242	.....	I	IV sedation ea ad 30 m	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9248	.....	R	Sedation (non-iv)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9310	.....	I	Dental consultation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9410	.....	I	Dental house call	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9420	.....	I	Hospital call	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9430	.....	I	Office visit during hours	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9440	.....	I	Office visit after hours	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9610	.....	I	Dent therapeutic drug inject	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9630	.....	R	Other drugs/medicaments	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9910	.....	N	Dent appl desensitizing med	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9911	.....	N	Appl desensitizing resin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9920	.....	N	Behavior management	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9930	.....	R	Treatment of complications	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9940	.....	R	Dental occlusal guard	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9941	.....	N	Fabrication athletic guard	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9950	.....	R	Occlusion analysis	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9951	.....	R	Limited occlusal adjustment	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9952	.....	R	Complete occlusal adjustment	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9970	.....	N	Enamel microabrasion	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9971	.....	N	Odontoplasty 1–2 teeth	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9972	.....	N	Extrnl bleaching per arch	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9973	.....	N	Extrnl bleaching per tooth	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9974	.....	N	Intrnl bleaching per tooth	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9999	.....	I	Adjunctive procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0001	.....	X	Drawing blood for specimen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0002	.....	A	Temporary urinary catheter	0.50	3.32	0.17	0.03	3.85	0.70	000
G0004	.....	A	ECG transm phys review & int	0.52	7.10	NA	0.45	8.07	NA	XXX
G0005	.....	A	ECG 24 hour recording	0.00	1.18	NA	0.07	1.25	NA	XXX
G0006	.....	A	ECG transmission & analysis	0.00	5.71	NA	0.36	6.07	NA	XXX
G0007	.....	A	ECG phy review & interpret	0.52	0.21	0.21	0.02	0.75	0.75	XXX
G0008	.....	X	Admin influenza virus vac	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0009	.....	X	Admin pneumococcal vaccine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0010	.....	X	Admin hepatitis b vaccine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0015	.....	A	Post symptom ECG tracing	0.00	5.71	NA	0.36	6.07	NA	XXX
G0016	.....	D	Post symptom ECG md review	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0025	.....	I	Collagen skin test kit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0026	.....	X	Fecal leukocyte examination	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0027	.....	X	Semen analysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0030	.....	C	PET imaging prev PET single	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0030	26	A	PET imaging prev PET single	1.50	0.52	0.52	0.04	2.06	2.06	XXX
G0030	TC	C	PET imaging prev PET single	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0031	.....	C	PET imaging prev PET multple	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0031	26	A	PET imaging prev PET multple	1.87	0.70	0.70	0.06	2.63	2.63	XXX

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CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
G0031	TC	C	PET imaging prev PET multple	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0032	.....	C	PET follow SPECT 78464 singl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0032	26	A	PET follow SPECT 78464 singl	1.50	0.52	0.52	0.05	2.07	2.07	XXX
G0032	TC	C	PET follow SPECT 78464 singl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0033	.....	C	PET follow SPECT 78464 mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0033	26	A	PET follow SPECT 78464 mult	1.87	0.70	0.70	0.06	2.63	2.63	XXX
G0033	TC	C	PET follow SPECT 78464 mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0034	.....	C	PET follow SPECT 76865 singl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0034	26	A	PET follow SPECT 76865 singl	1.50	0.52	0.52	0.05	2.07	2.07	XXX
G0034	TC	C	PET follow SPECT 76865 singl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0035	.....	C	PET follow SPECT 78465 mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0035	26	A	PET follow SPECT 78465 mult	1.87	0.70	0.70	0.06	2.63	2.63	XXX
G0035	TC	C	PET follow SPECT 78465 mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0036	.....	C	PET follow cornry angio sing	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0036	26	A	PET follow cornry angio sing	1.50	0.52	0.52	0.04	2.06	2.06	XXX
G0036	TC	C	PET follow cornry angio sing	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0037	.....	C	PET follow cornry angio mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0037	26	A	PET follow cornry angio mult	1.87	0.70	0.70	0.06	2.63	2.63	XXX
G0037	TC	C	PET follow cornry angio mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0038	.....	C	PET follow myocard perf sing	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0038	26	A	PET follow myocard perf sing	1.50	0.52	0.52	0.04	2.06	2.06	XXX
G0038	TC	C	PET follow myocard perf sing	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0039	.....	C	PET follow myocard perf mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0039	26	A	PET follow myocard perf mult	1.87	0.70	0.70	0.07	2.64	2.64	XXX
G0039	TC	C	PET follow myocard perf mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0040	.....	C	PET follow stress echo singl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0040	26	A	PET follow stress echo singl	1.50	0.52	0.52	0.04	2.06	2.06	XXX
G0040	TC	C	PET follow stress echo singl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0041	.....	C	PET follow stress echo mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0041	26	A	PET follow stress echo mult	1.87	0.70	0.70	0.05	2.62	2.62	XXX
G0041	TC	C	PET follow stress echo mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0042	.....	C	PET follow ventriculogm sing	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0042	26	A	PET follow ventriculogm sing	1.50	0.52	0.52	0.04	2.06	2.06	XXX
G0042	TC	C	PET follow ventriculogm sing	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0043	.....	C	PET follow ventriculogm mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0043	26	A	PET follow ventriculogm mult	1.87	0.70	0.70	0.06	2.63	2.63	XXX
G0043	TC	C	PET follow ventriculogm mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0044	.....	C	PET following rest ECG singl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0044	26	A	PET following rest ECG singl	1.50	0.52	0.52	0.04	2.06	2.06	XXX
G0044	TC	C	PET following rest ECG singl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0045	.....	C	PET following rest ECG mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0045	26	A	PET following rest ECG mult	1.87	0.70	0.70	0.06	2.63	2.63	XXX
G0045	TC	C	PET following rest ECG mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0046	.....	C	PET follow stress ECG singl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0046	26	A	PET follow stress ECG singl	1.50	0.52	0.52	0.04	2.06	2.06	XXX
G0046	TC	C	PET follow stress ECG singl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0047	.....	C	PET follow stress ECG mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0047	26	A	PET follow stress ECG mult	1.87	0.70	0.70	0.06	2.63	2.63	XXX
G0047	TC	C	PET follow stress ECG mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0050	.....	A	Residual urine by ultrasound	0.00	0.81	NA	0.04	0.85	NA	XXX
G0101	.....	A	CA screen; pelvic/breast exam	0.45	0.52	0.18	0.01	0.98	0.64	XXX
G0102	.....	A	Prostate ca screening; dre	0.17	0.38	0.06	0.01	0.56	0.24	XXX
G0103	.....	X	Psa, total screening	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0104	.....	A	CA screen; flexi sigmoidscope	0.96	1.92	0.53	0.05	2.93	1.54	000
G0105	.....	A	Colorectal scrn; hi risk ind	3.70	8.79	1.77	0.20	12.69	5.67	000
G0106	.....	A	Colon CA screen; barium enema	0.99	2.47	NA	0.15	3.61	NA	XXX
G0106	26	A	Colon CA screen; barium enema	0.99	0.35	0.35	0.04	1.38	1.38	XXX
G0106	TC	A	Colon CA screen; barium enema	0.00	2.12	NA	0.11	2.23	NA	XXX
G0107	.....	X	CA screen; fecal blood test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0108	.....	A	Diab manage trn per indiv	0.00	1.64	NA	0.01	1.65	NA	XXX
G0109	.....	A	Diab manage trn ind/group	0.00	0.96	NA	0.01	0.97	NA	XXX
G0110	.....	R	Nett pulm-rehab educ; ind	0.90	0.67	0.36	0.03	1.60	1.29	XXX
G0111	.....	R	Nett pulm-rehab educ; group	0.27	0.29	0.11	0.01	0.57	0.39	XXX
G0112	.....	R	Nett; nutrition guid, initial	1.72	1.24	0.69	0.05	3.01	2.46	XXX
G0113	.....	R	Nett; nutrition guid, subseqnt	1.29	0.97	0.51	0.04	2.30	1.84	XXX
G0114	.....	R	Nett; psychosocial consult	1.20	0.49	0.48	0.03	1.72	1.71	XXX
G0115	.....	R	Nett; psychological testing	1.20	0.57	0.48	0.04	1.81	1.72	XXX
G0116	.....	R	Nett; psychosocial counsel	1.11	0.69	0.44	0.04	1.84	1.59	XXX
G0117	.....	T	Glaucoma scrn hgh risk direc	0.45	0.97	0.22	0.02	1.44	0.69	XXX
G0118	.....	T	Glaucoma scrn hgh risk direc	0.17	0.84	0.08	0.01	1.02	0.26	XXX
G0120	.....	A	Colon ca scrn; barium enema	0.99	2.47	NA	0.15	3.61	NA	XXX
G0120	26	A	Colon ca scrn; barium enema	0.99	0.35	0.35	0.04	1.38	1.38	XXX
G0120	TC	A	Colon ca scrn; barium enema	0.00	2.12	NA	0.11	2.23	NA	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
G0121	.....	A	Colon ca scrn not hi rsk ind	3.70	8.79	1.77	0.20	12.69	5.67	000
G0122	.....	N	Colon ca scrn; barium enema	+0.99	2.52	NA	0.15	3.66	NA	XXX
G0122	26	N	Colon ca scrn; barium enema	+0.99	0.40	0.40	0.04	1.43	1.43	XXX
G0122	TC	N	Colon ca scrn; barium enema	+0.00	2.12	NA	0.11	2.23	NA	XXX
G0123	.....	X	Screen cerv/vag thin layer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0124	.....	A	Screen c/v thin layer by MD	0.42	0.19	0.19	0.01	0.62	0.62	XXX
G0125	.....	A	PET img WhBD sgl pulm ring	1.50	56.10	NA	2.00	59.60	NA	XXX
G0125	26	A	PET img WhBD sgl pulm ring	1.50	0.52	0.52	0.05	2.07	2.07	XXX
G0125	TC	A	PET img WhBD sgl pulm ring	0.00	55.58	NA	1.95	57.53	NA	XXX
G0126	.....	D	Lung image (PET) staging	0.00	0.00	NA	0.00	0.00	NA	XXX
G0126	26	D	Lung image (PET) staging	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0126	TC	D	Lung image (PET) staging	0.00	0.00	NA	0.00	0.00	NA	XXX
G0127	.....	R	Trim nail(s)	0.17	0.26	0.07	0.01	0.44	0.25	000
G0128	.....	R	CORF skilled nursing service	0.08	0.03	0.03	0.01	0.12	0.12	XXX
G0130	.....	A	Single energy x-ray study	0.22	0.90	NA	0.05	1.17	NA	XXX
G0130	26	A	Single energy x-ray study	0.22	0.11	0.11	0.01	0.34	0.34	XXX
G0130	TC	A	Single energy x-ray study	0.00	0.79	NA	0.04	0.83	NA	XXX
G0131	.....	A	CT scan, bone density study	0.25	3.18	NA	0.14	3.57	NA	XXX
G0131	26	A	CT scan, bone density study	0.25	0.13	0.13	0.01	0.39	0.39	XXX
G0131	TC	A	CT scan, bone density study	0.00	3.05	NA	0.13	3.18	NA	XXX
G0132	.....	A	CT scan, bone density study	0.22	0.90	NA	0.05	1.17	NA	XXX
G0132	26	A	CT scan, bone density study	0.22	0.11	0.11	0.01	0.34	0.34	XXX
G0132	TC	A	CT scan, bone density study	0.00	0.79	NA	0.04	0.83	NA	XXX
G0141	.....	A	Scr c/v cyto, autosys and md	0.42	0.19	0.19	0.01	0.62	0.62	XXX
G0143	.....	X	Scr c/v cyto, thinlayer,rescr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0144	.....	X	Scr c/v cyto, thinlayer,rescr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0145	.....	X	Scr c/v cyto, thinlayer,rescr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0147	.....	X	Scr c/v cyto, automated sys	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0148	.....	X	Scr c/v cyto, autosys, rescr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0163	.....	D	Pet for rec of colorectal ca	0.00	0.00	NA	0.00	0.00	NA	XXX
G0163	26	D	Pet for rec of colorectal ca	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0163	TC	D	Pet for rec of colorectal ca	0.00	0.00	NA	0.00	0.00	NA	XXX
G0164	.....	D	Pet for lymphoma staging	0.00	0.00	NA	0.00	0.00	NA	XXX
G0164	26	D	Pet for lymphoma staging	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0164	TC	D	Pet for lymphoma staging	0.00	0.00	NA	0.00	0.00	NA	XXX
G0165	.....	D	Pet, rec of melanoma/met ca	0.00	0.00	NA	0.00	0.00	NA	XXX
G0165	26	D	Pet, rec of melanoma/met ca	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0165	TC	D	Pet, rec of melanoma/met ca	0.00	0.00	NA	0.00	0.00	NA	XXX
G0166	.....	A	Extrnl counterpulse, per tx	0.07	4.17	0.03	0.01	4.25	0.11	XXX
G0167	.....	C	Hyperbaric oz tx; no md reqrd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0168	.....	A	Wound closure by adhesive	0.45	2.33	0.19	0.01	2.79	0.65	000
G0173	.....	X	Stereo radoisurgery, complete	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0174	.....	D	Intensitymodulatedradiation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0175	.....	X	OPPS Service, sched team conf	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0176	.....	X	OPPS/PHP; activity therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0177	.....	X	OPPS/PHP; train & educ serv	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0178	.....	D	Intensitymodulatedradiation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0179	.....	A	MD recertification HHA PT	0.45	1.21	NA	0.01	1.67	NA	XXX
G0180	.....	A	MD certification HHA patient	0.67	1.29	NA	0.02	1.98	NA	XXX
G0181	.....	A	Home health care supervision	1.73	1.57	NA	0.06	3.36	NA	XXX
G0182	.....	A	Hospice care supervision	1.73	1.97	NA	0.06	3.76	NA	XXX
G0184	.....	D	Ocular photdynamicTx 2nd eye	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
G0185	.....	C	Transpuppillary thermotx	0.00	0.00	0.00	0.00	0.00	0.00	YYY
G0186	.....	C	Dstry eye lesn, fdr vssl tech	0.00	0.00	0.00	0.00	0.00	0.00	YYY
G0187	.....	C	Dstry mclr drusen, photocoag	0.00	0.00	0.00	0.00	0.00	0.00	YYY
G0188	.....	D	Xray lwr extrmty-full lngth	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0188	26	D	Xray lwr extrmty-full lngth	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0188	TC	D	Xray lwr extrmty-full lngth	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0190	.....	D	Immunization administration	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0191	.....	D	Immunization admin, each add	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0192	.....	N	Immunization oral/intranasal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0193	.....	C	Endoscopicstudyswallowfunctn	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0194	.....	C	Sensorytestingendoscopicstud	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0195	.....	A	Clinicalevalswallowingfunct	1.50	1.95	0.76	0.07	3.52	2.33	XXX
G0196	.....	A	Eval of swallowing with radio opa	1.50	1.95	0.76	0.07	3.52	2.33	XXX
G0197	.....	A	Eval of pt for prescip speech devi	1.35	2.11	0.75	0.04	3.50	2.14	XXX
G0198	.....	A	Patient adapation & train for spe	0.99	1.14	0.58	0.03	2.16	1.60	XXX
G0199	.....	A	Reevaluation of patient uses pec	1.01	1.92	0.56	0.03	2.96	1.60	XXX
G0200	.....	A	Eval of patient prescip of voice p	1.35	2.11	0.75	0.04	3.50	2.14	XXX
G0201	.....	A	Modi for training in use voice pro	0.99	1.14	0.58	0.03	2.16	1.60	XXX
G0202	.....	A	Screening mammographydigital	0.70	2.70	NA	0.09	3.49	NA	XXX
G0202	26	A	Screening mammographydigital	0.70	0.28	0.28	0.03	1.01	1.01	XXX
G0202	TC	A	Screening mammographydigital	0.00	2.42	NA	0.06	2.48	NA	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
G0203	.....	D	Screen mammographyfilmdigital	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0204	.....	A	Diagnostic mammographydigital	0.87	2.73	NA	0.09	3.69	NA	XXX
G0204	26	A	Diagnostic mammographydigital	0.87	0.35	0.35	0.03	1.25	1.25	XXX
G0204	TC	A	Diagnostic mammographydigital	0.00	2.38	NA	0.06	2.44	NA	XXX
G0205	.....	D	Diagnostic mammographyfilmpro	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0205	26	D	Diagnostic mammographyfilmpro	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0205	TC	D	Diagnostic mammographyfilmpro	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0206	.....	A	Diagnostic mammographydigital	0.70	2.20	NA	0.08	2.98	NA	XXX
G0206	26	A	Diagnostic mammographydigital	0.70	0.28	0.28	0.03	1.01	1.01	XXX
G0206	TC	A	Diagnostic mammographydigital	0.00	1.92	NA	0.05	1.97	NA	XXX
G0207	.....	D	Diagnostic mammography film	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0207	26	D	Diagnostic mammography film	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0207	TC	D	Diagnostic mammography film	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0210	.....	C	PET img WhBD ring dxlung ca	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0210	26	A	PET img WhBD ring dxlung ca	1.50	0.60	0.60	0.04	2.14	2.14	XXX
G0210	TC	C	PET img WhBD ring dxlung ca	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0211	.....	C	PET img WhBD ring init lung	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0211	26	A	PET img WhBD ring init lung	1.50	0.60	0.60	0.04	2.14	2.14	XXX
G0211	TC	C	PET img WhBD ring init lung	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0212	.....	C	PET img WhBD ring restag lun	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0212	26	A	PET img WhBD ring restag lun	1.50	0.60	0.60	0.04	2.14	2.14	XXX
G0212	TC	C	PET img WhBD ring restag lun	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0213	.....	C	PET img WhBD ring dx colorec	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0213	26	A	PET img WhBD ring dx colorec	1.50	0.60	0.60	0.04	2.14	2.14	XXX
G0213	TC	C	PET img WhBD ring dx colorec	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0214	.....	C	PET img WhBD ring init colre	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0214	26	A	PET img WhBD ring init colre	1.50	0.60	0.60	0.04	2.14	2.14	XXX
G0214	TC	C	PET img WhBD ring init colre	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0215	.....	C	PET img WhBD restag col	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0215	26	A	PET img WhBD restag col	1.50	0.60	0.60	0.04	2.14	2.14	XXX
G0215	TC	C	PET img WhBD restag col	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0216	.....	C	PET img WhBD ring dx melanom	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0216	26	A	PET img WhBD ring dx melanom	1.50	0.60	0.60	0.04	2.14	2.14	XXX
G0216	TC	C	PET img WhBD ring dx melanom	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0217	.....	C	PET img WhBD ring init melan	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0217	26	A	PET img WhBD ring init melan	1.50	0.60	0.60	0.04	2.14	2.14	XXX
G0217	TC	C	PET img WhBD ring init melan	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0218	.....	C	PET img WhBD ring restag mel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0218	26	A	PET img WhBD ring restag mel	1.50	0.60	0.60	0.04	2.14	2.14	XXX
G0218	TC	C	PET img WhBD ring restag mel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0219	.....	N	PET img WhBD ring noncov ind	+1.50	0.60	0.60	0.04	2.14	2.14	XXX
G0219	26	N	PET img WhBD ring noncov ind	+1.50	0.60	0.60	0.04	2.14	2.14	XXX
G0219	TC	N	PET img WhBD ring noncov ind	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0220	.....	C	PET img WhBD ring dx lymphom	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0220	26	A	PET img WhBD ring dx lymphom	1.50	0.60	0.60	0.04	2.14	2.14	XXX
G0220	TC	C	PET img WhBD ring dx lymphom	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0221	.....	C	PET img WhBD ring init lymph	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0221	26	A	PET img WhBD ring init lymph	1.50	0.60	0.60	0.04	2.14	2.14	XXX
G0221	TC	C	PET img WhBD ring init lymph	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0222	.....	C	PET img WhBD ring resta lymp	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0222	26	A	PET img WhBD ring resta lymp	1.50	0.60	0.60	0.04	2.14	2.14	XXX
G0222	TC	C	PET img WhBD ring resta lymp	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0223	.....	C	PET img WhBD reg ring dx hea	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0223	26	A	PET img WhBD reg ring dx hea	1.50	0.60	0.60	0.04	2.14	2.14	XXX
G0223	TC	C	PET img WhBD reg ring dx hea	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0224	.....	C	PET img WhBD reg ring ini hea	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0224	26	A	PET img WhBD reg ring ini hea	1.50	0.60	0.60	0.04	2.14	2.14	XXX
G0224	TC	C	PET img WhBD reg ring ini hea	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0225	.....	C	PET img WhBD ring restag hea	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0225	26	A	PET img WhBD ring restag hea	1.50	0.60	0.60	0.04	2.14	2.14	XXX
G0225	TC	C	PET img WhBD ring restag hea	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0226	.....	C	PET img WhBD dx esophag	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0226	26	A	PET img WhBD dx esophag	1.50	0.60	0.60	0.04	2.14	2.14	XXX
G0226	TC	C	PET img WhBD dx esophag	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0227	.....	C	PET img WhBD ini esopha	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0227	26	A	PET img WhBD ini esopha	1.50	0.60	0.60	0.04	2.14	2.14	XXX
G0227	TC	C	PET img WhBD ini esopha	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0228	.....	C	PET img WhBD ring restg esop	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0228	26	A	PET img WhBD ring restg esop	1.50	0.60	0.60	0.04	2.14	2.14	XXX
G0228	TC	C	PET img WhBD ring restg esop	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0229	.....	C	PET img metabolic brain ring	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0229	26	A	PET img metabolic brain ring	1.50	0.60	0.60	0.04	2.14	2.14	XXX
G0229	TC	C	PET img metabolic brain ring	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
G0230	.....	C	PET myocard viability ring	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0230	26	A	PET myocard viability ring	1.50	0.60	0.60	0.04	2.14	2.14	XXX
G0230	TC	C	PET myocard viability ring	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0231	.....	C	PET WhBD colorec; gamma cam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0231	26	A	PET WhBD colorec; gamma cam	1.50	0.60	0.60	0.04	2.14	2.14	XXX
G0231	TC	C	PET WhBD colorec; gamma cam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0232	.....	C	PET WhBD lymphoma; gamma cam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0232	26	A	PET WhBD lymphoma; gamma cam	1.50	0.60	0.60	0.04	2.14	2.14	XXX
G0232	TC	C	PET WhBD lymphoma; gamma cam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0233	.....	C	PET WhBD melanoma; gamma cam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0233	26	A	PET WhBD melanoma; gamma cam	1.50	0.60	0.60	0.04	2.14	2.14	XXX
G0233	TC	C	PET WhBD melanoma; gamma cam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0234	.....	C	PET WhBD pulm nod; gamma cam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0234	26	A	PET WhBD pulm nod; gamma cam	1.50	0.60	0.60	0.04	2.14	2.14	XXX
G0234	TC	C	PET WhBD pulm nod; gamma cam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0236	.....	A	digital film convert diag ma	0.06	0.31	NA	0.02	0.39	NA	ZZZ
G0236	26	A	digital film convert diag ma	0.06	0.02	0.02	0.01	0.09	0.09	ZZZ
G0236	TC	A	digital film convert diag ma	0.00	0.29	NA	0.01	0.30	NA	ZZZ
G0237	.....	A	Therapeutic procd strg endur	0.00	0.45	NA	0.02	0.47	NA	XXX
G0238	.....	C	Oth resp proc, indiv	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0239	.....	C	Oth resp proc, group	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0240	.....	A	Critic care by MD transport	4.00	1.60	1.60	0.14	5.74	5.74	XXX
G0241	.....	A	Each additional 30 minutes	2.00	0.80	0.80	0.07	2.87	2.87	ZZZ
G0242	.....	X	Multisource photon ster plan	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0243	.....	X	Multisour photon stero treat	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0244	.....	X	Observ care by facility topt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9001	.....	X	MCCD, initial rate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9002	.....	X	MCCD, maintenance rate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9003	.....	X	MCCD, risk adj hi, initial	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9004	.....	X	MCCD, risk adj lo, initial	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9005	.....	X	MCCD, risk adj, maintenance	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9006	.....	X	MCCD, Home monitoring	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9007	.....	X	MCCD, sch team conf	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9008	.....	X	MCCD, phys coor-care ovrsght	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9009	.....	X	MCCD, risk adj, level 3	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9010	.....	X	MCCD, risk adj, level 4	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9011	.....	X	MCCD, risk adj, level 5	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9012	.....	X	Other Specified Case Mgmt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9016	.....	N	Demo-smoking cessation coun	0.00	0.00	0.00	0.00	0.00	0.00	XXX
H0001	.....	I	Alcohol and/or drug assess	0.00	0.00	0.00	0.00	0.00	0.00	XXX
H0002	.....	I	Alcohol and/or drug screenin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
H0003	.....	I	Alcohol and/or drug screenin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
H0004	.....	I	Alcohol and/or drug services	0.00	0.00	0.00	0.00	0.00	0.00	XXX
H0005	.....	I	Alcohol and/or drug services	0.00	0.00	0.00	0.00	0.00	0.00	XXX
H0006	.....	I	Alcohol and/or drug services	0.00	0.00	0.00	0.00	0.00	0.00	XXX
H0007	.....	I	Alcohol and/or drug services	0.00	0.00	0.00	0.00	0.00	0.00	XXX
H0008	.....	I	Alcohol and/or drug services	0.00	0.00	0.00	0.00	0.00	0.00	XXX
H0009	.....	I	Alcohol and/or drug services	0.00	0.00	0.00	0.00	0.00	0.00	XXX
H0010	.....	I	Alcohol and/or drug services	0.00	0.00	0.00	0.00	0.00	0.00	XXX
H0011	.....	I	Alcohol and/or drug services	0.00	0.00	0.00	0.00	0.00	0.00	XXX
H0012	.....	I	Alcohol and/or drug services	0.00	0.00	0.00	0.00	0.00	0.00	XXX
H0013	.....	I	Alcohol and/or drug services	0.00	0.00	0.00	0.00	0.00	0.00	XXX
H0014	.....	I	Alcohol and/or drug services	0.00	0.00	0.00	0.00	0.00	0.00	XXX
H0015	.....	I	Alcohol and/or drug services	0.00	0.00	0.00	0.00	0.00	0.00	XXX
H0016	.....	I	Alcohol and/or drug services	0.00	0.00	0.00	0.00	0.00	0.00	XXX
H0017	.....	I	Alcohol and/or drug services	0.00	0.00	0.00	0.00	0.00	0.00	XXX
H0018	.....	I	Alcohol and/or drug services	0.00	0.00	0.00	0.00	0.00	0.00	XXX
H0019	.....	I	Alcohol and/or drug services	0.00	0.00	0.00	0.00	0.00	0.00	XXX
H0020	.....	I	Alcohol and/or drug services	0.00	0.00	0.00	0.00	0.00	0.00	XXX
H0021	.....	I	Alcohol and/or drug training	0.00	0.00	0.00	0.00	0.00	0.00	XXX
H0022	.....	I	Alcohol and/or drug interven	0.00	0.00	0.00	0.00	0.00	0.00	XXX
H0023	.....	I	Alcohol and/or drug outreach	0.00	0.00	0.00	0.00	0.00	0.00	XXX
H0024	.....	I	Alcohol and/or drug preventi	0.00	0.00	0.00	0.00	0.00	0.00	XXX
H0025	.....	I	Alcohol and/or drug preventi	0.00	0.00	0.00	0.00	0.00	0.00	XXX
H0026	.....	I	Alcohol and/or drug preventi	0.00	0.00	0.00	0.00	0.00	0.00	XXX
H0027	.....	I	Alcohol and/or drug preventi	0.00	0.00	0.00	0.00	0.00	0.00	XXX
H0028	.....	I	Alcohol and/or drug preventi	0.00	0.00	0.00	0.00	0.00	0.00	XXX
H0029	.....	I	Alcohol and/or drug preventi	0.00	0.00	0.00	0.00	0.00	0.00	XXX
H0030	.....	I	Alcohol and/or drug hotline	0.00	0.00	0.00	0.00	0.00	0.00	XXX
H1000	.....	I	Prenatal care atrisk assessm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
H1001	.....	I	Antepartum management	0.00	0.00	0.00	0.00	0.00	0.00	XXX
H1002	.....	I	Care coordination prenatal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
H1003	.....	I	Prenatal at risk education	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[3] +Indicates RVUs are not used for Medicare payment.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
H1004		I	Follow up home visit/prental	0.00	0.00	0.00	0.00	0.00	0.00	XXX
H1005		I	Prenatal care enhanced srv pk	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0120		E	Tetracyclin injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0130		E	Abciximab injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0150		E	Injection adenosine 6 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0151		E	Adenosine injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0170		E	Adrenalin epinephrin inject	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0190		E	Inj biperiden lactate/5 mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0200		E	Alatrofloxacin mesylate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0205		E	Alglucerase injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0207		E	Amifostine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0210		E	Methyldopate hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0256		E	Alpha 1 proteinase inhibitor	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0270		E	Alprostadil for injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0275		E	Alprostadil urethral suppos	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0280		E	Aminophyllin 250 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0282		E	Amiodarone HCl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0285		E	Amphotericin B	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0286		E	Amphotericin B lipid complex	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0290		E	Ampicillin 500 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0295		E	Ampicillin sodium per 1.5 gm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0300		E	Amobarbital 125 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0330		E	Succinycholine chloride inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0340		D	Nandrolon phenpropionate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0350		E	Injection anistreplase 30 u	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0360		E	Hydralazine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0380		E	Inj metaraminol bitartrate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0390		E	Chloroquine injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0395		E	Arbutamine HCl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0400		D	Inj trimethaphan camsylate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0456		E	Azithromycin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0460		E	Atropine sulfate injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0470		E	Dimecaprol injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0475		E	Baclofen 10 MG injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0476		E	Baclofen intrathecal trial	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0500		E	Dicyclomine injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0510		D	Benzquinamide injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0515		E	Inj benztropine mesylate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0520		E	Bethanechol chloride inject	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0530		E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0540		E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0550		E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0560		E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0570		E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0580		E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0585		E	Botulinum toxin a per unit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0587		E	Botulinum toxin type B	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0590		D	Ethylnorepinephrine hcl inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0600		E	Edetate calcium disodium inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0610		E	Calcium gluconate injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0620		E	Calcium glycer & lact/10 ML	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0630		E	Calcitonin salmon injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0635		E	Calcitriol injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0640		E	Leucovorin calcium injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0670		E	Inj mepivacaine HCL/10 ml	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0690		E	Cefazolin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0692		E	Cefepime HCl for injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0694		E	Cefoxitin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0695		D	Cefonocid sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0696		E	Ceftriaxone sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0697		E	Sterile cefuroxime injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0698		E	Cefotaxime sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0702		E	Betamethasone acet&sod phosp	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0704		E	Betamethasone sod phosp/4 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0706		E	Caffeine citrate injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0710		E	Cephapirin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0713		E	Inj ceftazidime per 500 mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0715		E	Ceftizoxime sodium/500 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0720		E	Chloramphenicol sodium injec	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0725		E	Chorionic gonadotropin/1000u	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0730		D	Chlorpheniramin maleate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0735		E	Clonidine hydrochloride	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0740		E	Cidofovir injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
J0743	.....	E	Cilastatin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0744	.....	E	Ciprofloxacin iv	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0745	.....	E	Inj codeine phosphate/30 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0760	.....	E	Colchicine injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0770	.....	E	Colistimethate sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0780	.....	E	Prochlorperazine injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0800	.....	E	Corticotropin injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0810	.....	D	Cortisone injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0835	.....	E	Inj cosyntropin per 0.25 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0850	.....	E	Cytomegalovirus imm IV /vial	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0895	.....	E	Deferoxamine mesylate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0900	.....	E	Testosterone enanthate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0945	.....	E	Brompheniramine maleate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0970	.....	E	Estradiol valerate injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1000	.....	E	Depo-estradiol cypionate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1020	.....	E	Methylprednisolone 20 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1030	.....	E	Methylprednisolone 40 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1040	.....	E	Methylprednisolone 80 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1050	.....	E	Medroxyprogesterone inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1055	.....	N	Medroxyprogester acetate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1056	.....	E	MA/EC contraceptive injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1060	.....	E	Testosterone cypionate 1 ML	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1070	.....	E	Testosterone cypionate 100 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1080	.....	E	Testosterone cypionate 200 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1090	.....	D	Testosterone cypionate 50 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1095	.....	E	Inj dexamethasone acetate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1100	.....	E	Dexamethasone sodium phos	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1110	.....	E	Inj dihydroergotamine mesylt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1120	.....	E	Acetazolamid sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1160	.....	E	Digoxin injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1165	.....	E	Phenytoin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1170	.....	E	Hydromorphone injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1180	.....	E	Dyphylline injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1190	.....	E	Dexrazoxane HCl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1200	.....	E	Diphenhydramine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1205	.....	E	Chlorothiazide sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1212	.....	E	Dimethyl sulfoxide 50% 50 ML	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1230	.....	E	Methadone injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1240	.....	E	Dimenhydrinate injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1245	.....	E	Dipyridamole injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1250	.....	E	Inj dobutamine HCL/250 mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1260	.....	E	Dolasetron mesylate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1270	.....	E	Injection, doxercalciferol	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1320	.....	E	Amitriptyline injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1325	.....	E	Epoprostenol injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1327	.....	E	Eptifibatide injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1330	.....	E	Ergonovine maleate injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1362	.....	D	Erythromycin glucep/250 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1364	.....	E	Erythro lactobionate/500 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1380	.....	E	Estradiol valerate 10 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1390	.....	E	Estradiol valerate 20 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1410	.....	E	Inj estrogen conjugate 25 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1435	.....	E	Injection estrone per 1 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1436	.....	E	Etidronate disodium inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1438	.....	E	Etanercept injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1440	.....	E	Filgrastim 300 mcg injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1441	.....	E	Filgrastim 480 mcg injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1450	.....	E	Fluconazole	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1452	.....	E	Intraocular Fomivirsen na	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1455	.....	E	Foscarnet sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1460	.....	E	Gamma globulin 1 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1470	.....	E	Gamma globulin 2 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1480	.....	E	Gamma globulin 3 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1490	.....	E	Gamma globulin 4 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1500	.....	E	Gamma globulin 5 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1510	.....	E	Gamma globulin 6 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1520	.....	E	Gamma globulin 7 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1530	.....	E	Gamma globulin 8 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1540	.....	E	Gamma globulin 9 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1550	.....	E	Gamma globulin 10 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1560	.....	E	Gamma globulin > 10 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1561	.....	E	Immune globulin 500 mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1563	.....	E	IV immune globulin	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
J1565		E	RSV-ivig	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1570		E	Ganciclovir sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1580		E	Garamycin gentamicin inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1590		E	Gatifloxacin injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1600		E	Gold sodium thiomaleate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1610		E	Glucagon hydrochloride/1 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1620		E	Gonadorelin hydroch/ 100 mcg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1626		E	Granisetron HCl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1630		E	Haloperidol injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1631		E	Haloperidol decanoate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1642		E	Inj heparin sodium per 10 u	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1644		E	Inj heparin sodium per 1000u	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1645		E	Dalteparin sodium	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1650		E	Inj enoxaparin sodium	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1655		E	Tinzaparin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1670		E	Tetanus immune globulin inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1690		D	Prednisolone tebutate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1700		E	Hydrocortisone acetate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1710		E	Hydrocortisone sodium ph inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1720		E	Hydrocortisone sodium succ i	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1730		E	Diazoxide injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1739		D	Hydroxyprogesterone cap 125	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1741		D	Hydroxyprogesterone cap 250	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1742		E	Ibutilide fumarate injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1745		E	Infliximab injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1750		E	Iron dextran	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1755		E	Iron sucrose injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1785		E	Injection imiglucerase /unit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1790		E	Droperidol injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1800		E	Propranolol injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1810		E	Droperidol/fentanyl inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1820		E	Insulin injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1825		E	Interferon beta-1a	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1830		E	Interferon beta-1b/.25 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1835		E	Intraconazole injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1840		E	Kanamycin sulfate 500 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1850		E	Kanamycin sulfate 75 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1885		E	Ketorolac tromethamine inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1890		E	Cephalothin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1910		E	Kutapressin injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1930		D	Propiomazine injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1940		E	Furosemide injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1950		E	Leuprolide acetate/3.75 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1955		E	Inj levocarnitine per 1 gm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1956		E	Levofloxacin injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1960		E	Levorphanol tartrate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1970		D	Methotrimeprazine injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1980		E	Hyoscyamine sulfate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1990		E	Chlordiazepoxide injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2000		E	Lidocaine injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2010		E	Lincomycin injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2020		E	Linezolid injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2060		E	Lorazepam injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2150		E	Mannitol injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2175		E	Meperidine hydrochl/100 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2180		E	Meperidine/promethazine inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2210		E	Methylergonovin maleate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2240		D	Metocurine iodide injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2250		E	Inj midazolam hydrochloride	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2260		E	Inj milrinone lactate/5 ML	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2270		E	Morphine sulfate injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2271		E	Morphine so4 injection 100mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2275		E	Morphine sulfate injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2300		E	Inj nalbuphine hydrochloride	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2310		E	Inj naloxone hydrochloride	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2320		E	Nandrolone decanoate 50 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2321		E	Nandrolone decanoate 100 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2322		E	Nandrolone decanoate 200 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2330		D	Thiothixene injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2350		D	Niacinamide/niacin injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2352		E	Octreotide acetate injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2355		E	Oprelvekin injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2360		E	Orphenadrine injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
J2370		E	Phenylephrine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2400		E	Chloroprocaine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2405		E	Ondansetron hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2410		E	Oxymorphone hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2430		E	Pamidronate disodium/30 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2440		E	Papaverin hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2460		E	Oxytetracycline injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2480		D	Hydrochlorides of opium inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2500		E	Paricalcitol	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2510		E	Penicillin g procaine inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2512		D	Inj pentagastrin per 2 ML	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2515		E	Pentobarbital sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2540		E	Penicillin g potassium inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2543		E	Piperacillin/tazobactam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2545		E	Pentamidine isethionte/300mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2550		E	Promethazine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2560		E	Phenobarbital sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2590		E	Oxytocin injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2597		E	Inj desmopressin acetate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2640		D	Prednisolone sodium ph inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2650		E	Prednisolone acetate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2670		E	Totazoline hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2675		D	Inj progesterone per 50 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2680		E	Fluphenazine decanoate 25 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2690		E	Procainamide hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2700		E	Oxacillin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2710		E	Neostigmine methylslfte inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2720		E	Inj protamine sulfate/10 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2725		E	Inj protirelin per 250 mcg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2730		E	Pralidoxime chloride inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2760		E	Phentolaine mesylate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2765		E	Metoclopramide hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2770		E	Quinupristin/dalfopristin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2780		E	Ranitidine hydrochloride inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2790		E	Rho (D) immune globulin inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2792		E	Rho(D) immune globulin h, sd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2795		E	Ropivacaine HCl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2800		E	Methocarbamol injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2810		E	Inj theophylline per 40 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2820		E	Sargramostim injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2860		D	Secobarbital sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2910		E	Aurothioglucose injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2912		E	Sodium chloride injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2915		E	NA Ferric Gluconate Complex	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2920		E	Methylprednisolone injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2930		E	Methylprednisolone injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2940		E	Somatrem injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2941		E	Somatropin injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2950		E	Promazine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2970		D	Methicillin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2993		E	Reteplase injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2995		E	Inj streptokinase/250,000 IU	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2997		E	Alteplase recombinant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3000		E	Streptomycin injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3010		E	Fentanyl citrate injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3030		E	Sumatriptan succinate/6 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3070		E	Pentazocine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3080		D	Chlorprothixene injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3100		E	Tenecteplase injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3105		E	Terbutaline sulfate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3120		E	Testosterone enanthate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3130		E	Testosterone enanthate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3140		E	Testosterone suspension inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3150		E	Testosteron propionate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3230		E	Chlorpromazine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3240		E	Thyrotropin injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3245		E	Tirofiban hydrochloride	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3250		E	Trimethobenzamide hcl inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3260		E	Tobramycin sulfate injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3265		E	Injection torsemide 10 mg/ml	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3270		D	Imipramine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3280		E	Thiethylperazine maleate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3301		E	Triamcinolone acetonide inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
J3302		E	Triamcinolone diacetate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3303		E	Triamcinolone hexacetonl inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3305		E	Inj trimetrexate glucoronate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3310		E	Perphenazine injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3320		E	Spectinomycn di-hcl inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3350		E	Urea injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3360		E	Diazepam injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3364		E	Urokinase 5,000 IU injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3365		E	Urokinase 250,000 IU inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3370		R	Vancomycin hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3390		D	Methoxamine injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3395		E	Verteporfin injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3400		E	Triflupromazine hcl inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3410		E	Hydroxyzine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3420		E	Vitamin b12 injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3430		E	Vitamin k phytonadione inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3450		D	Mephentermine sulfate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3470		E	Hyaluronidase injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3475		E	Inj magnesium sulfate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3480		E	Inj potassium chloride	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3485		E	Zidovudine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3490		E	Drugs unclassified injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3520		N	Edetate disodium per 150 mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3530		E	Nasal vaccine inhalation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3535		N	Metered dose inhaler drug	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3570		N	Laetrile amygdalin vit B17	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7030		E	Normal saline solution infus	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7040		E	Normal saline solution infus	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7042		E	5% dextrose/normal saline	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7050		E	Normal saline solution infus	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7051		E	Sterile saline/water	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7060		E	5% dextrose/water	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7070		E	D5w infusion	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7100		E	Dextran 40 infusion	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7110		E	Dextran 75 infusion	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7120		E	Ringers lactate infusion	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7130		E	Hypertonic saline solution	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7190		X	Factor viii	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7191		X	Factor VIII (porcine)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7192		X	Factor viii recombinant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7193		E	Factor IX non-recombinant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7194		X	Factor ix complex	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7195		E	Factor IX recombinant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7197		X	Antithrombin iii injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7198		E	Anti-inhibitor	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7199		E	Hemophilia clot factor noc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7300		N	Intraut copper contraceptive	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7302		N	Levonorgestrel iu contracept	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7308		E	Aminolevulinic acid hcl top	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7310		E	Ganciclovir long act implant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7315		D	Sodium hyaluronate injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7316		E	Sodium hyaluronate injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7320		E	Hylan G–F 20 injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7330		E	Cultured chondrocytes implnt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7340		E	Metabolic active D/E tissue	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7500		X	Azathioprine oral 50 mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7501		X	Azathioprine parenteral	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7502		E	Cyclosporine oral 100 mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7504		X	Lymphocyte immune globulin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7505		X	Monoclonal antibodies	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7506		X	Prednisone oral	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7507		E	Tacrolimus oral per 1 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7508		E	Tacrolimus oral per 5 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7509		X	Methylprednisolone oral	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7510		X	Prednisolone oral per 5 mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7511		E	Antithymocyte globuln rabbit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7513		E	Daclizumab, parenteral	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7515		E	Cyclosporine oral 25 mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7516		E	Cyclosporin parenteral 250 mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7517		E	Mycophenolate mofetil oral	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7520		E	Sirolimus, oral	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7525		E	Tacrolimus injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7599		X	Immunosuppressive drug noc	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[3] +Indicates RVUs are not used for Medicare payment.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
J7608	.....	E	Acetylcysteine inh sol u d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7618	.....	E	Albuterol inh sol con	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7619	.....	E	Albuterol inh sol u d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7622	.....	E	Beclomethasome inhalatn sol	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7624	.....	E	Betamethasome inhalation sol	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7626	.....	E	Budesonide inhalation sol	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7628	.....	E	Bitolterol mes inhal sol con	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7629	.....	E	Bitolterol mes inh sol u d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7631	.....	E	Cromolyn sodium inh sol u d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7635	.....	E	Atropine inhal sol con	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7636	.....	E	Atropine inhal sol unit dose	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7637	.....	E	Dexamethasone inhal sol con	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7638	.....	E	Dexamethasone inhal sol u d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7639	.....	E	Dornase alpha inhal sol u d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7641	.....	E	Flunisolide, inhalation sol	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7642	.....	E	Glycopyrrolate inhal sol con	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7643	.....	E	Glycopyrrolate inhal sol u d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7644	.....	E	Ipratropium brom inh sol u d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7648	.....	E	Isoetharine hcl inh sol con	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7649	.....	E	Isoetharine hcl inh sol u d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7658	.....	E	Isoproterenolhcl inh sol con	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7659	.....	E	Isoproterenol hcl inh sol ud	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7668	.....	E	Metaproterenol inh sol con	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7669	.....	E	Metaproterenol inh sol u d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7680	.....	E	Terbutaline so4 inh sol con	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7681	.....	E	Terbutaline so4 inh sol u d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7682	.....	E	Tobramycin inhalation sol	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7683	.....	E	Triamcinolone inh sol con	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7684	.....	E	Triamcinolone inh sol u d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7699	.....	E	Inhalation solution for DME	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7799	.....	E	Non-inhalation drug for DME	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8499	.....	N	Oral prescrip drug non chemo	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8510	.....	E	Oral busulfan	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8520	.....	E	Capecitabine, oral, 150 mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8521	.....	E	Capecitabine, oral, 500 mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8530	.....	E	Cyclophosphamide oral 25 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8560	.....	E	Etoposide oral 50 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8600	.....	E	Melphalan oral 2 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8610	.....	E	Methotrexate oral 2.5 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8700	.....	E	Temozolmide	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8999	.....	E	Oral prescription drug chemo	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9000	.....	E	Doxorubic hcl 10 MG vl chemo	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9001	.....	E	Doxorubicin hcl liposome inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9015	.....	E	Aldesleukin/single use vial	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9017	.....	E	Arsenic trioxide	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9020	.....	E	Asparaginase injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9031	.....	E	Bcg live intravesical vac	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9040	.....	E	Bleomycin sulfate injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9045	.....	E	Carboplatin injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9050	.....	E	Carmus bischl nitro inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9060	.....	E	Cisplatin 10 MG injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9062	.....	E	Cisplatin 50 MG injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9065	.....	E	Inj cladribine per 1 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9070	.....	E	Cyclophosphamide 100 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9080	.....	E	Cyclophosphamide 200 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9090	.....	E	Cyclophosphamide 500 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9091	.....	E	Cyclophosphamide 1.0 grm inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9092	.....	E	Cyclophosphamide 2.0 grm inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9093	.....	E	Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9094	.....	E	Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9095	.....	E	Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9096	.....	E	Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9097	.....	E	Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9100	.....	E	Cytarabine hcl 100 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9110	.....	E	Cytarabine hcl 500 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9120	.....	E	Dactinomycin actinomycin d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9130	.....	E	Dacarbazine 10 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9140	.....	E	Dacarbazine 200 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9150	.....	E	Daunorubicin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9151	.....	E	Daunorubicin citrate liposom	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9160	.....	E	Denileukin diftitox, 300 mcg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9165	.....	E	Diethylstilbestrol injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9170	.....	E	Docetaxel	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[3] +Indicates RVUs are not used for Medicare payment.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
J9180	.....	E	Epirubicin HCl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9181	.....	E	Etoposide 10 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9182	.....	E	Etoposide 100 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9185	.....	E	Fludarabine phosphate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9190	.....	E	Fluorouracil injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9200	.....	E	Floxuridine injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9201	.....	E	Gemcitabine HCl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9202	.....	E	Goserelin acetate implant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9206	.....	E	Irinotecan injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9208	.....	E	Ifosfomide injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9209	.....	E	Mesna injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9211	.....	E	Idarubicin hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9212	.....	E	Interferon alfacon-1	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9213	.....	E	Interferon alfa-2a inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9214	.....	E	Interferon alfa-2b inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9215	.....	E	Interferon alfa-n3 inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9216	.....	E	Interferon gamma 1-b inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9217	.....	E	Leuprolide acetate suspnsion	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9218	.....	E	Leuprolide acetate injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9219	.....	E	Leuprolide acetate implant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9230	.....	E	Mechlorethamine hcl inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9245	.....	E	Inj melphalan hydrochl 50 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9250	.....	E	Methotrexate sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9260	.....	E	Methotrexate sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9265	.....	E	Paclitaxel injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9266	.....	E	Pegaspargase/singl dose vial	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9268	.....	E	Pentostatin injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9270	.....	E	Plicamycin (mithramycin) inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9280	.....	E	Mitomycin 5 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9290	.....	E	Mitomycin 20 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9291	.....	E	Mitomycin 40 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9293	.....	E	Mitoxantrone hydrochl/5 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9300	.....	E	Gemtuzumab ozogamicin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9310	.....	E	Rituximab cancer treatment	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9320	.....	E	Streptozocin injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9340	.....	E	Thiotepa injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9350	.....	E	Topotecan	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9355	.....	E	Trastuzumab	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9357	.....	E	Valrubicin, 200 mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9360	.....	E	Vinblastine sulfate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9370	.....	E	Vincristine sulfate 1 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9375	.....	E	Vincristine sulfate 2 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9380	.....	E	Vincristine sulfate 5 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9390	.....	E	Vinorelbine tartrate/10 mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9600	.....	E	Porfimer sodium	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9999	.....	E	Chemotherapy drug	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0064	.....	A	Visit for drug monitoring	0.37	0.25	0.12	0.01	0.63	0.50	XXX
M0075	.....	N	Cellular therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0076	.....	N	Prolotherapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0100	.....	N	Intragastric hypothermia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0300	.....	N	IV chelationtherapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0301	.....	N	Fabric wrapping of aneurysm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0302	.....	D	Assessment of cardiac output	0.00	0.00	NA	0.00	0.00	NA	XXX
M0302	26	D	Assessment of cardiac output	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0302	TC	D	Assessment of cardiac output	0.00	0.00	NA	0.00	0.00	NA	XXX
P2028	.....	X	Cephalin floculation test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P2029	.....	X	Congo red blood test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P2031	.....	N	Hair analysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P2033	.....	X	Blood thymol turbidity	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P2038	.....	X	Blood mucoprotein	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P3000	.....	X	Screen pap by tech w md supv	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P3001	.....	A	Screening pap smear by phys	0.42	0.19	0.19	0.01	0.62	0.62	XXX
P7001	.....	I	Culture bacterial urine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9010	.....	E	Whole blood for transfusion	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9011	.....	E	Blood split unit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9012	.....	E	Cryoprecipitate each unit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9016	.....	E	RBC leukocytes reduced	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9017	.....	E	One donor fresh frozn plasma	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9019	.....	E	Platelets, each unit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9020	.....	E	Plaelet rich plasma unit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9021	.....	E	Red blood cells unit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9022	.....	E	Washed red blood cells unit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9023	.....	X	Frozen plasma, pooled, sd	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
P9031	.....	X	Platelets leukocytes reduced	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9032	.....	X	Platelets, irradiated	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9033	.....	X	Platelets leukoreduced irrad	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9034	.....	X	Platelets, pheresis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9035	.....	X	Platelet pheres leukoreduced	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9036	.....	X	Platelet pheresis irradiated	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9037	.....	X	Plate pheres leukoredu irrad	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9038	.....	X	RBC irradiated	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9039	.....	X	RBC deglycerolized	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9040	.....	X	RBC leukoreduced irradiated	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9041	.....	X	Albumin (human), 5%, 50 ml	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9042	.....	D	Albumin (human), 25%	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9043	.....	X	Plasma protein fract,t5%,50 ml	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9044	.....	X	Cryoprecipitatereducedplasma	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9045	.....	X	Albumin (human), 5%, 250 ml	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9046	.....	X	Albumin (human), 25%, 20 ml	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9047	.....	X	Albumin (human), 25%, 50 ml	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9048	.....	X	Plasmaprotein fract, 5%, 250 ml	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9050	.....	X	Granulocytes, pheresis unit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9603	.....	X	One-way allow prorated miles	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9604	.....	X	One-way allow prorated trip	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9612	.....	X	Catheterize for urine spec	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9615	.....	X	Urine specimen collect mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0035	.....	A	Cardiokymography	0.17	0.44	NA	0.03	0.64	NA	XXX
Q0035	26	A	Cardiokymography	0.17	0.07	0.07	0.01	0.25	0.25	XXX
Q0035	TC	A	Cardiokymography	0.00	0.37	NA	0.02	0.39	NA	XXX
Q0091	.....	A	Obtaining screen pap smear	0.37	0.68	0.15	0.01	1.06	0.53	XXX
Q0092	.....	A	Set up port x-ray equipment	0.00	0.30	NA	0.01	0.31	NA	XXX
Q0111	.....	X	Wet mounts/w preparations	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0112	.....	X	Potassium hydroxide preps	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0113	.....	X	Pinworm examinations	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0114	.....	X	Fern test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0115	.....	X	Post-coital mucous exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0136	.....	E	Non esrd epoetin alpha inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0144	.....	D	Azithromycin dihydrate, oral	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0160	.....	D	Factor IX non-recombinant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0161	.....	D	Factor IX recombinant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0163	.....	X	Diphenhydramine HCl 50 mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0164	.....	X	Prochlorperazine maleate 5 mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0165	.....	X	Prochlorperazine maleate 10 mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0166	.....	X	Granisetron HCl 1 mg oral	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0167	.....	X	Dronabinol 2.5 mg oral	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0168	.....	X	Dronabinol 5 mg oral	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0169	.....	X	Promethazine HCl 12.5 mg oral	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0170	.....	X	Promethazine HCl 25 mg oral	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0171	.....	X	Chlorpromazine HCl 10 mg oral	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0172	.....	X	Chlorpromazine HCl 25 mg oral	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0173	.....	X	Trimethobenzamide HCl 250 mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0174	.....	X	Thiethylperazine maleate 10 mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0175	.....	X	Perphenazine 4 mg oral	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0176	.....	X	Perphenazine 8 mg oral	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0177	.....	X	Hydroxyzine pamoate 25 mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0178	.....	X	Hydroxyzine pamoate 50 mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0179	.....	X	Ondansetron HCl 8 mg oral	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0180	.....	X	Dolasetron mesylate oral	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0181	.....	X	Unspecified oral anti-emetic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0183	.....	X	Nonmetabolic active tissue	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0184	.....	X	Metabolically active tissue	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0185	.....	D	Metabolic active D/E tissue	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0187	.....	E	Factor viia recombinant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q1001	.....	X	Ntiol category 1	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q1002	.....	X	Ntiol category 2	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q1003	.....	X	Ntiol category 3	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q1004	.....	X	Ntiol category 4	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q1005	.....	X	Ntiol category 5	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q2001	.....	N	Oral cabergoline 0.5 mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q2002	.....	E	Elliotts b solution per ml	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q2003	.....	E	Aprotinin, 10,000 kiu	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q2004	.....	E	Bladder calculi irrig sol	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q2005	.....	E	Corticorelin ovine triflutat	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q2006	.....	E	Digoxin immune fab (ovine)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q2007	.....	E	Ethanolamine oleate 100 mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q2008	.....	E	Fomepizole, 15 mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
Q2009		E	Fosphenytoin, 50 mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q2010		E	Glatiramer acetate, per dose	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q2011		E	Hemin, per 1 mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q2012		E	Pegademase bovine, 25 iu	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q2013		E	Pentastarch 10% solution	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q2014		E	Sermorelin acetate, 0.5 mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q2015		D	Somatrem, 5 mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q2016		D	Somatropin, 1 mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q2017		E	Teniposide, 50 mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q2018		E	Urofollitropin, 75 iu	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q2019		E	Basiliximab	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q2020		E	Histrelin acetate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q2021		E	Lepirudin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q2022		E	VonWillebrandFactrCmplxperIU	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q3001		E	Brachytherapy Radioelements	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q3002		E	Gallium ga 67	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q3003		E	Technetium tc99m bicisate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q3004		E	Xenon xe 133	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q3005		E	Technetium tc99m mertiatide	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q3006		E	Technetium tc99m glucepatate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q3007		E	Sodium phosphate p32	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q3008		E	Indium 111-in pentetreotide	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q3009		E	Technetium tc99m oxidronate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q3010		E	Technetium tc99mlabeledrbcs	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q3011		E	Chromic phosphate p32	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q3012		E	Cyanocobalamin cobalt co57	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q3013		D	Verteporfin injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q3014		E	Telehealth facility fee	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q3017		E	ALS assessment	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q4001		X	Cast sup body cast plaster	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q4002		X	Cast sup body cast fiberglas	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q4003		X	Cast sup shoulder cast plstr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q4004		X	Cast sup shoulder cast fbrgl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q4005		X	Cast sup long arm adult plst	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q4006		X	Cast sup long arm adult fbrg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q4007		X	Cast sup long arm ped plster	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q4008		X	Cast sup long arm ped fbrgls	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q4009		X	Cast sup sht arm adult plstr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q4010		X	Cast sup sht arm adult fbrgl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q4011		X	Cast sup sht arm ped plaster	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q4012		X	Cast sup sht arm ped fbrglas	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q4013		X	Cast sup gauntlet plaster	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q4014		X	Cast sup gauntlet fiberglass	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q4015		X	Cast sup gauntlet ped plster	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q4016		X	Cast sup gauntlet ped fbrgls	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q4017		X	Cast sup lng arm splint plst	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q4018		X	Cast sup lng arm splint fbrg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q4019		X	Cast sup lng arm splnt ped p	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q4020		X	Cast sup lng arm splnt ped f	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q4021		X	Cast sup sht arm splint plst	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q4022		X	Cast sup sht arm splint fbrg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q4023		X	Cast sup sht arm splnt ped p	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q4024		X	Cast sup sht arm splnt ped f	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q4025		X	Cast sup hip spica plaster	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q4026		X	Cast sup hip spica fiberglas	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q4027		X	Cast sup hip spica ped plstr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q4028		X	Cast sup hip spica ped fbrgl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q4029		X	Cast sup long leg plaster	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q4030		X	Cast sup long leg fiberglass	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q4031		X	Cast sup lng leg ped plaster	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q4032		X	Cast sup lng leg ped fbrgls	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q4033		X	Cast sup lng leg cylinder pl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q4034		X	Cast sup lng leg cylinder fb	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q4035		X	Cast sup lng leg cylndr ped p	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q4036		X	Cast sup lng leg cylndr ped f	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q4037		X	Cast sup shrt leg plaster	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q4038		X	Cast sup shrt leg fiberglass	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q4039		X	Cast sup shrt leg ped plster	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q4040		X	Cast sup shrt leg ped fbrgls	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q4041		X	Cast sup lng leg splnt plstr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q4042		X	Cast sup lng leg splnt fbrgl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q4043		X	Cast sup lng leg splnt ped p	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q4044		X	Cast sup lng leg splnt ped f	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[3] +Indicates RVUs are not used for Medicare payment.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
Q4045		X	Cast sup sht leg splnt plstr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q4046		X	Cast sup sht leg splnt fbrgl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q4047		X	Cast sup sht leg splnt ped p	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q4048		X	Cast sup sht leg splnt ped f	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q4049		X	Finger splint, static	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q4050		X	Cast supplies unlisted	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q4051		X	Splint supplies misc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9920		E	Epoetin with hct <= 20	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9921		E	Epoetin with hct = 21	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9922		E	Epoetin with hct = 22	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9923		E	Epoetin with hct = 23	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9924		E	Epoetin with hct = 24	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9925		E	Epoetin with hct = 25	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9926		E	Epoetin with hct = 26	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9927		E	Epoetin with hct = 27	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9928		E	Epoetin with hct = 28	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9929		E	Epoetin with hct = 29	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9930		E	Epoetin with hct = 30	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9931		E	Epoetin with hct = 31	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9932		E	Epoetin with hct = 32	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9933		E	Epoetin with hct = 33	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9934		E	Epoetin with hct = 34	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9935		E	Epoetin with hct = 35	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9936		E	Epoetin with hct = 36	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9937		E	Epoetin with hct = 37	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9938		E	Epoetin with hct = 38	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9939		E	Epoetin with hct = 39	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9940		E	Epoetin with hct >= 40	0.00	0.00	0.00	0.00	0.00	0.00	XXX
R0070		C	Transport portable x-ray	0.00	0.00	0.00	0.00	0.00	0.00	XXX
R0075		C	Transport port x-ray multipl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
R0076		B	Transport portable EKG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
T1000		I	Private duty/independent nsg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
T1001		I	Nursing assessment/evaluatn	0.00	0.00	0.00	0.00	0.00	0.00	XXX
T1002		I	RN services up to 15 minutes	0.00	0.00	0.00	0.00	0.00	0.00	XXX
T1003		I	LPN/LVN services up to 15 min	0.00	0.00	0.00	0.00	0.00	0.00	XXX
T1004		I	Nsg aide service up to 15 min	0.00	0.00	0.00	0.00	0.00	0.00	XXX
T1005		I	Respite care service 15 min	0.00	0.00	0.00	0.00	0.00	0.00	XXX
T1006		I	Family/Couple Counseling	0.00	0.00	0.00	0.00	0.00	0.00	XXX
T1007		I	Treatment Plan Development	0.00	0.00	0.00	0.00	0.00	0.00	XXX
T1008		I	Day Treatment for Individual	0.00	0.00	0.00	0.00	0.00	0.00	XXX
T1009		I	Child Sitting Services	0.00	0.00	0.00	0.00	0.00	0.00	XXX
T1010		I	Meals when Receive Services	0.00	0.00	0.00	0.00	0.00	0.00	XXX
T1011		I	Alcohol/Substance Abuse NOC	0.00	0.00	0.00	0.00	0.00	0.00	XXX
T1012		I	Alcohol/Substance Abuse Skil	0.00	0.00	0.00	0.00	0.00	0.00	XXX
T1013		I	Sign Lang/Oral Interpreter	0.00	0.00	0.00	0.00	0.00	0.00	XXX
T1014		I	Telehealth transmit, per min	0.00	0.00	0.00	0.00	0.00	0.00	XXX
T1015		I	Clinic service	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2020		X	Vision svcs frames purchases	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2025		N	Eyeglasses delux frames	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2100		X	Lens spher single plano 4.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2101		X	Single visn sphere 4.12–7.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2102		X	Singl visn sphere 7.12–20.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2103		X	Spherocylindr 4.00d/12–2.00d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2104		X	Spherocylindr 4.00d/2.12–4d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2105		X	Spherocylinder 4.00d/4.25–6d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2106		X	Spherocylinder 4.00d/>6.00d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2107		X	Spherocylinder 4.25d/12–2d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2108		X	Spherocylinder 4.25d/2.12–4d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2109		X	Spherocylinder 4.25d/4.25–6d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2110		X	Spherocylinder 4.25d/over 6d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2111		X	Spherocylindr 7.25d/.25–2.25	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2112		X	Spherocylindr 7.25d/2.25–4d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2113		X	Spherocylindr 7.25d/4.25–6d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2114		X	Spherocylinder over 12.00d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2115		X	Lens lenticular bifocal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2116		X	Nonaspheric lens bifocal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2117		X	Aspheric lens bifocal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2118		X	Lens aniseikonic single	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2199		X	Lens single vision not oth c	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2200		X	Lens spher bifoc plano 4.00d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2201		X	Lens sphere bifocal 4.12–7.0	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2202		X	Lens sphere bifocal 7.12–20	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2203		X	Lens sphcyl bifocal 4.00d/.1	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] +Indicates RVUs are not used for Medicare payment.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
V2204		X	Lens sphcy bifocal 4.00d/2.1	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2205		X	Lens sphcy bifocal 4.00d/4.2	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2206		X	Lens sphcy bifocal 4.00d/ove	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2207		X	Lens sphcy bifocal 4.25–7d/	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2208		X	Lens sphcy bifocal 4.25–7/2	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2209		X	Lens sphcy bifocal 4.25–7/4	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2210		X	Lens sphcy bifocal 4.25–7/ov	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2211		X	Lens sphcy bifo 7.25–12/.25–	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2212		X	Lens sphcyl bifo 7.25–12/2.2	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2213		X	Lens sphcyl bifo 7.25–12/4.2	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2214		X	Lens sphcyl bifocal over 12	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2215		X	Lens lenticular bifocal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2216		X	Lens lenticular nonaspheric	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2217		X	Lens lenticular aspheric bif	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2218		X	Lens aniseikonic bifocal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2219		X	Lens bifocal seg width over	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2220		X	Lens bifocal add over 3.25d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2299		X	Lens bifocal speciality	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2300		X	Lens sphere trifocal 4.00d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2301		X	Lens sphere trifocal 4.12–7	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2302		X	Lens sphere trifocal 7.12–20	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2303		X	Lens sphcy trifocal 4.0/.12–	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2304		X	Lens sphcy trifocal 4.0/2.25	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2305		X	Lens sphcy trifocal 4.0/4.25	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2306		X	Lens sphcyl trifocal 4.00/>6	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2307		X	Lens sphcy trifocal 4.25–7/	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2308		X	Lens sphc trifocal 4.25–7/2	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2309		X	Lens sphc trifocal 4.25–7/4	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2310		X	Lens sphc trifocal 4.25–7/>6	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2311		X	Lens sphc trifo 7.25–12/.25–	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2312		X	Lens sphc trifo 7.25–12/2.25	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2313		X	Lens sphc trifo 7.25–12/4.25	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2314		X	Lens sphcyl trifocal over 12	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2315		X	Lens lenticular trifocal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2316		X	Lens lenticular nonaspheric	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2317		X	Lens lenticular aspheric tri	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2318		X	Lens aniseikonic trifocal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2319		X	Lens trifocal seg width > 28	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2320		X	Lens trifocal add over 3.25d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2399		X	Lens trifocal speciality	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2410		X	Lens variab asphericity sing	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2430		X	Lens variable asphericity bi	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2499		X	Variable asphericity lens	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2500		X	Contact lens pmma spherical	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2501		X	Cntct lens pmma-toric/prism	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2502		X	Contact lens pmma bifocal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2503		X	Cntct lens pmma color vision	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2510		X	Cntct gas permeable sphericl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2511		X	Cntct toric prism ballast	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2512		X	Cntct lens gas permbl bifocl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2513		X	Contact lens extended wear	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2520		P	Contact lens hydrophilic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2521		X	Cntct lens hydrophilic toric	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2522		X	Cntct lens hydrophil bifocl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2523		X	Cntct lens hydrophil extend	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2530		X	Contact lens gas impermeable	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2531		X	Contact lens gas permeable	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2599		X	Contact lens/es other type	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2600		X	Hand held low vision aids	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2610		X	Single lens spectacle mount	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2615		X	Telescop/othr compound lens	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2623		X	Plastic eye prosth custom	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2624		X	Polishing artifical eye	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2625		X	Enlargemnt of eye prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2626		X	Reduction of eye prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2627		X	Scleral cover shell	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2628		X	Fabrication & fitting	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2629		X	Prosthetic eye other type	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2630		X	Anter chamber intraocul lens	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2631		X	Iris support intraoclr lens	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2632		X	Post chmbr intraocular lens	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2700		X	Balance lens	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2710		X	Glass/plastic slab off prism	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[3] +Indicates RVUs are not used for Medicare payment.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
V2715		X	Prism lens/es	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2718		X	Fresnell prism press-on lens	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2730		X	Special base curve	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2740		X	Rose tint plastic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2741		X	Non-rose tint plastic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2742		X	Rose tint glass	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2743		X	Non-rose tint glass	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2744		X	Tint photochromatic lens/es	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2750		X	Anti-reflective coating	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2755		X	UV lens/es	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2760		X	Scratch resistant coating	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2770		X	Occluder lens/es	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2780		X	Oversize lens/es	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2781		X	Progressive lens per lens	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2785		X	Corneal tissue processing	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2790		X	Amniotic membrane	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2799		X	Miscellaneous vision service	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5008		N	Hearing screening	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5010		N	Assessment for hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5011		N	Hearing aid fitting/checking	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5014		N	Hearing aid repair/modifying	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5020		N	Conformity evaluation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5030		N	Body-worn hearing aid air	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5040		N	Body-worn hearing aid bone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5050		N	Hearing aid monaural in ear	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5060		N	Behind ear hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5070		N	Glasses air conduction	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5080		N	Glasses bone conduction	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5090		N	Hearing aid dispensing fee	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5100		N	Body-worn bilat hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5110		N	Hearing aid dispensing fee	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5120		N	Body-worn binaur hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5130		N	In ear binaural hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5140		N	Behind ear binaur hearing ai	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5150		N	Glasses binaural hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5160		N	Dispensing fee binaural	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5170		N	Within ear cros hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5180		N	Behind ear cros hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5190		N	Glasses cros hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5200		N	Cros hearing aid dispens fee	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5210		N	In ear bicros hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5220		N	Behind ear bicros hearing ai	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5230		N	Glasses bicros hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5240		N	Dispensing fee bicros	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5241		N	Dispensing fee, monaural	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5242		N	Hearing aid, monaural, cic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5243		N	Hearing aid, monaural, itc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5244		N	Hearing aid, prog, mon, cic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5245		N	Hearing aid, prog, mon, itc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5246		N	Hearing aid, prog, mon, ite	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5247		N	Hearing aid, prog, mon, bte	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5248		N	Hearing aid, binaural, cic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5249		N	Hearing aid, binaural, itc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5250		N	Hearing aid, prog, bin, cic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5251		N	Hearing aid, prog, bin, itc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5252		N	Hearing aid, prog, bin, ite	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5253		N	Hearing aid, prog, bin, bte	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5254		N	Hearing aid, digit, mon, cic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5255		N	Hearing aid, digit, mon, itc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5256		N	Hearing aid, digit, mon, ite	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5257		N	Hearing aid, digit, mon, bte	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5258		N	Hearing aid, digit, bin, cic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5259		N	Hearing aid, digit, bin, itc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5260		N	Hearing aid, digit, bin, ite	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5261		N	Hearing aid, digit, bin, bte	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5262		N	Hearing aid, disp, monaural	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5263		N	Hearing aid, disp, binaural	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5264		N	Ear mold/insert	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5265		N	Ear mold/insert, disp	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5266		N	Battery for hearing device	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5267		N	Hearing aid supply/accessory	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5268		N	ALD Telephone Amplifier	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5269		N	Alerting device, any type	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[3] +Indicates RVUs are not used for Medicare payment.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
V5270	.....	N	ALD, TV amplifier, any type	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5271	.....	N	ALD, TV caption decoder	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5272	.....	N	Tdd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5273	.....	N	ALD for cochlear implant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5274	.....	N	ALD unspecified	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5275	.....	N	Ear impression	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5299	.....	R	Hearing service	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5336	.....	N	Repair communication device	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5362	.....	R	Speech screening	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5363	.....	R	Language screening	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5364	.....	R	Dysphagia screening	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[3] +Indicates RVUs are not used for Medicare payment.

ADDENDUM C.—CODES WITH INTERIM RVUS

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
11981	.....	A	Insert drug implant device	1.48	1.58	0.59	0.14	3.20	2.21	XXX
11982	.....	A	Remove drug implant device	1.78	1.70	0.71	0.17	3.65	2.66	XXX
11983	.....	A	Remove/insert drug implant	3.30	2.31	1.32	0.31	5.92	4.93	XXX
20526	.....	A	Ther injection carpal tunnel	0.86	0.78	0.39	0.06	1.70	1.31	000
20551	.....	A	Inject tendon origin/insert	0.86	0.78	0.39	0.06	1.70	1.31	000
20552	.....	A	Inject trigger point, 1 or 2	0.86	0.78	0.39	0.06	1.70	1.31	000
20553	.....	A	Inject trigger points, > 3	0.86	0.78	0.39	0.06	1.70	1.31	000
24300	.....	A	Manipulate elbow w/anesth	3.75	NA	5.46	0.52	NA	9.73	090
24332	.....	A	Tenolysis, triceps	7.45	NA	5.23	0.77	NA	13.45	090
24343	.....	A	Repr elbow lat ligmnt w/tiss	8.65	NA	7.91	1.21	NA	17.77	090
24344	.....	A	Reconstruct elbow lat ligmnt	14.00	NA	10.87	1.95	NA	26.82	090
24345	.....	A	Repr elbw med ligmnt w/tiss	8.65	NA	7.91	1.21	NA	17.77	090
24346	.....	A	Reconstruct elbow med ligmnt	14.00	NA	10.87	1.95	NA	26.82	090
25001	.....	A	Incise flexor carpi radialis	3.38	NA	4.30	0.45	NA	8.13	090
25024	.....	A	Decompress forearm 2 spaces	9.50	NA	8.17	1.20	NA	18.87	090
25025	.....	A	Decompress forearm 2 spaces	16.54	NA	12.05	1.91	NA	30.50	090
25259	.....	A	Manipulate wrist w/anesthes	3.75	NA	5.35	0.52	NA	9.62	090
25275	.....	A	Repair forearm tendon sheath	8.50	NA	7.53	1.11	NA	17.14	090
25394	.....	A	Repair carpal bone, shorten	10.40	NA	8.43	1.15	NA	19.98	090
25430	.....	A	Vasc graft into carpal bone	9.25	NA	7.82	0.56	NA	17.63	090
25431	.....	A	Repair nonunion carpal bone	10.44	NA	6.42	0.56	NA	17.42	090
25651	.....	A	Pin ulnar styloid fracture	5.36	NA	4.39	0.73	NA	10.48	090
25652	.....	A	Treat fracture ulnar styloid	7.60	NA	6.90	0.97	NA	15.47	090
25671	.....	A	Pin radioulnar dislocation	6.00	NA	6.02	0.75	NA	12.77	090
26340	.....	A	Manipulate finger w/anesth	2.50	NA	4.53	0.32	NA	7.35	090
26587	.....	A	Reconstruct extra finger	14.05	4.67	NA	1.08	19.80	NA	090
28299	.....	A	Correction of bunion	10.58	11.55	9.21	1.24	23.37	21.03	090
29086	.....	A	Apply finger cast	0.62	0.81	0.50	0.07	1.50	1.19	000
29805	.....	A	Shoulder arthroscopy, dx	5.89	3.23	3.23	0.83	9.95	9.95	090
29806	.....	A	Shoulder arthroscopy/surgery	14.37	NA	11.33	2.01	NA	27.71	090
29807	.....	A	Shoulder arthroscopy/surgery	13.90	NA	11.06	2.01	NA	26.97	090
29824	.....	A	Shoulder arthroscopy/surgery	8.25	NA	7.48	1.16	NA	16.89	090
29900	.....	A	Mcp joint arthroscopy, dx	5.42	NA	5.88	0.69	NA	11.99	090
29901	.....	A	Mcp joint arthroscopy, surg	6.13	NA	6.28	0.81	NA	13.22	090
29902	.....	A	Mcp joint arthroscopy, surg	6.70	NA	6.60	0.89	NA	14.19	090
33967	.....	A	Insert ia percut device	4.85	2.01	1.96	0.27	7.13	7.08	000
33979	.....	C	Insert intracorporeal device	0.00	0.00	0.00	0.00	0.00	0.00	XXX
33980	.....	C	Remove intracorporeal device	0.00	0.00	0.00	0.00	0.00	0.00	090
35646	.....	A	Artery bypass graft	31.00	NA	13.26	2.98	NA	47.24	090
35647	.....	A	Artery bypass graft	28.00	NA	11.97	2.98	NA	42.95	090
35685	.....	A	Bypass graft patency/patch	4.05	NA	1.50	0.41	NA	5.96	ZZZ
35686	.....	A	Bypass graft/av fist patency	3.35	NA	1.24	0.34	NA	4.93	ZZZ
36002	.....	A	Pseudoaneurysm injection trt	1.96	2.95	1.03	0.08	4.99	3.07	000
36400	.....	A	Drawing blood	0.38	0.72	0.10	0.01	1.11	0.49	XXX
36820	.....	A	Av fusion/forearm vein	14.00	NA	6.56	1.53	NA	22.09	090
43239	.....	A	Upper GI endoscopy, biopsy	2.87	6.79	1.27	0.14	9.80	4.28	000
43313	.....	A	Esophagoplasty congential	45.28	NA	22.01	5.43	NA	72.72	090
43314	.....	A	Tracheo-esophagoplasty cong	50.27	NA	24.07	5.53	NA	79.87	090
44120	.....	A	Removal of small intestine	17.00	NA	7.67	1.46	NA	26.13	090
44126	.....	A	Enterectomy w/taper, cong	35.50	NA	18.03	0.36	NA	53.89	090
44127	.....	A	Enterectomy w/o taper, cong	41.00	NA	20.56	0.41	NA	61.97	090
44128	.....	A	Enterectomy cong, add-on	4.45	NA	1.78	0.45	NA	6.68	ZZZ

ADDENDUM C.—CODES WITH INTERIM RVUS—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
44160		A	Removal of colon	18.62	NA	8.65	1.55	NA	28.82	090
44203		A	Lap resect s/intestine, addl	4.45	NA	1.60	0.45	NA	6.50	ZZZ
44204		A	Laparo partial colectomy	25.08	NA	10.46	1.83	NA	37.37	090
44205		A	Lap colectomy part w/ileum	22.23	NA	9.31	1.55	NA	33.09	090
45136		A	Excise ileoanal reservoir	27.30	NA	12.66	2.19	NA	42.15	090
45380		A	Colonoscopy and biopsy	4.44	9.28	2.05	0.21	13.93	6.70	000
46020		A	Placement of seton	2.90	3.09	2.36	0.22	6.21	5.48	010
47370		A	Laparo ablate liver tumor rf	18.00	7.19	7.19	0.85	26.04	26.04	090
47371		A	Laparo ablate liver cryosug	16.94	6.76	6.76	0.85	24.55	24.55	090
47380		A	Open ablate liver tumor rf	21.25	8.48	8.48	0.85	30.58	30.58	090
47381		A	Open ablate liver tumor cryo	21.00	8.38	8.38	0.85	30.23	30.23	090
47382		A	Percut ablate liver rf	12.00	NA	5.37	0.85	NA	18.22	010
49491		A	Repairing hern premie reduc	11.13	NA	5.65	1.00	NA	17.78	090
49492		A	Rpr ing hern premie, blocked	14.03	NA	6.40	1.42	NA	21.85	090
52001		A	Cystoscopy, removal of clots	2.37	NA	0.98	0.32	NA	3.67	000
52347		A	Cystoscopy, resect ducts	5.28	NA	2.14	0.33	NA	7.75	000
53431		A	Reconstruct urethra/bladder	19.89	7.94	7.94	1.25	29.08	29.08	090
53444		A	Insert tandem cuff	13.40	NA	6.66	0.79	NA	20.85	090
53446		A	Remove uro sphincter	10.23	NA	8.46	0.61	NA	19.30	090
53447		A	Remove/replace ur sphincter	13.49	NA	7.90	0.79	NA	22.18	090
53448		A	Remov/replc ur sphinctr comp	21.15	NA	12.35	1.27	NA	34.77	090
53853		A	Prostatic water thermother	4.14	52.75	2.55	0.38	57.27	7.07	090
54162		A	Lysis penil circumcis lesion	3.00	NA	2.91	0.18	NA	6.09	010
54163		A	Repair of circumcision	3.00	NA	2.54	0.18	NA	5.72	010
54164		A	Frenulotomy of penis	2.50	NA	2.37	0.15	NA	5.02	010
54406		A	Remove multi-comp penis pros	12.10	NA	6.09	0.80	NA	18.99	090
54408		A	Repair multi-comp penis pros	12.75	NA	6.46	0.80	NA	20.01	090
54410		A	Remove/replace penis prosth	15.50	NA	7.36	0.80	NA	23.66	090
54411		A	Remv/replc penis pros, comp	16.00	NA	8.98	0.80	NA	25.78	090
54415		A	Remove self-contd penis pros	8.20	NA	5.35	0.55	NA	14.10	090
54416		A	Remv/repl penis contain pros	10.87	NA	6.94	0.55	NA	18.36	090
54417		A	Remv/replc penis pros, compl	14.19	NA	7.89	0.55	NA	22.63	090
56605		A	Biopsy of vulva/perineum	1.10	1.90	0.50	0.11	3.11	1.71	000
56810		A	Repair of perineum	4.13	NA	2.91	0.41	NA	7.45	010
57155		A	Insert uteri tandems/ovoids	6.27	NA	3.67	0.63	NA	10.57	090
58100		A	Biopsy of uterus lining	1.53	1.56	0.76	0.07	3.16	2.36	000
58346		A	Insert heyman uteri capsule	6.75	NA	3.84	0.68	NA	11.27	090
58953		A	Tah, rad dissect for debulk	32.00	NA	15.59	3.20	NA	50.79	090
58954		A	Tah, rad debulk/lymph remove	35.00	NA	16.71	3.50	NA	55.21	090
59001		A	Amniocentesis, therapeutic	3.00	NA	1.37	0.23	NA	4.60	000
64561		A	Implant neuroelectrodes	6.74	15.28	3.83	0.11	22.13	10.68	010
64581		A	Implant neuroelectrodes	13.50	NA	6.72	0.37	NA	20.59	090
64821		A	Remove sympathetic nerves	8.75	NA	7.09	0.99	NA	16.83	090
64822		A	Remove sympathetic nerves	8.75	NA	7.09	0.99	NA	16.83	090
64823		A	Remove sympathetic nerves	10.37	NA	7.89	1.17	NA	19.43	090
67225		A	Eye photodynamic ther add-on	0.47	0.24	0.19	0.50	1.21	1.16	ZZZ
76085		A	Computer mammogram add-on	0.06	0.31	NA	0.02	0.39	NA	ZZZ
76092		A	Mammogram, screening	0.70	1.44	NA	0.09	2.23	NA	XXX
76362		A	Cat scan for tissue ablation	4.00	9.24	NA	1.38	14.62	NA	XXX
76394		A	Mri for tissue ablation	4.25	12.13	NA	1.43	17.81	NA	XXX
76490		A	Us for tissue ablation	2.00	2.13	NA	0.36	4.49	NA	XXX
76819		A	Fetal biophys profil w/o nst	0.77	1.83	NA	0.10	2.70	NA	XXX
77301		A	Radiolthерapy dos plan, imrt	8.00	29.72	NA	1.41	39.13	NA	XXX
77418		A	Radiation tx delivery, imrt	0.00	16.07	NA	0.11	16.18	NA	XXX
88380		C	Microdissection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90471		A	Immunization admin	0.00	0.10	NA	0.01	0.11	NA	XXX
90472		A	Immunization admin, each add	0.00	0.10	NA	0.01	0.11	NA	ZZZ
90473		N	Immune admin oral/nasal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90474		N	Immune admin oral/nasal addl	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
90939		X	Hemodialysis study, transcut	0.00	0.00	0.00	0.00	0.00	0.00	XXX
91123		B	Irrigate fecal impaction	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92136		A	Ophthalmic biometry	0.54	1.52	NA	0.07	2.13	NA	XXX
92973		A	Percut coronary thrombectomy	3.28	NA	1.37	0.17	NA	4.82	ZZZ
92974		A	Cath place, cardio brachytx	3.00	NA	1.26	1.18	NA	5.44	ZZZ
93025		A	Microvolt t-wave assess	0.75	6.42	NA	0.11	7.28	NA	XXX
93609		A	Map tachycardia, add-on	4.81	4.59	NA	0.66	10.06	NA	ZZZ
93613		C	Electrophys map, 3d, add-on	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93621		C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
93622		C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
93701		A	Bioimpedance, thoracic	0.17	0.78	NA	0.02	0.97	NA	XXX
95250		A	Glucose monitoring, cont	0.00	1.44	NA	0.01	1.45	NA	XXX
95875		A	Limb exercise test	1.10	1.38	NA	0.09	2.57	NA	XXX
95965		C	Meg, spontaneous	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95966		C	Meg, evoked, single	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95967		C	Meg, evoked, each addl	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
96000		A	Motion analysis, video/3d	1.80	NA	0.72	0.02	NA	2.54	XXX
96001		A	Motion test w/ft press meas	2.15	NA	0.86	0.02	NA	3.03	XXX
96002		A	Dynamic surface emg	0.41	NA	0.16	0.02	NA	0.59	XXX

ADDENDUM C.—CODES WITH INTERIM RVUS—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
96003	.....	A	Dynamic fine wire emg	0.37	NA	0.15	0.03	NA	0.55	XXX
96004	.....	A	Phys review of motion tests	1.80	0.72	0.72	0.08	2.60	2.60	XXX
96150	.....	A	Assess hlth/behave, init	0.50	0.21	0.20	0.02	0.73	0.72	XXX
96151	.....	A	Assess hlth/behave, subseq	0.48	0.21	0.19	0.02	0.71	0.69	XXX
96152	.....	A	Intervene hlth/behave, indiv	0.46	0.20	0.18	0.02	0.68	0.66	XXX
96153	.....	A	Intervene hlth/behave, group	0.10	0.04	0.04	0.01	0.15	0.15	XXX
96154	.....	A	Interv hlth/behav, fam w/pt	0.45	0.19	0.18	0.02	0.66	0.65	XXX
96155	.....	A	Interv hlth/behav fam no pt	0.44	0.18	0.18	0.02	0.64	0.64	XXX
96567	.....	A	Photodynamic tx, skin	0.00	1.63	NA	0.03	1.66	NA	XXX
97602	.....	B	Wound(s) care non-selective	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97802	.....	A	Medical nutrition, indiv, in	0.00	0.45	0.45	0.01	0.46	0.46	XXX
97803	.....	A	Med nutrition, indiv, subseq	0.00	0.45	0.45	0.01	0.46	0.46	XXX
97804	.....	A	Medical nutrition, group	0.00	0.17	0.17	0.01	0.18	0.18	XXX
99091	.....	B	Collect/review data from pt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99289	.....	I	Pt transport, 30–74 min	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99290	.....	I	Pt transport, addl 30 min	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
G0117	.....	T	Glaucoma scrn hgh risk direc	0.45	0.97	0.22	0.02	1.44	0.69	XXX
G0118	.....	T	Glaucoma scrn hgh risk direc	0.17	0.84	0.08	0.01	1.02	0.26	XXX
G0202	26	A	Screeningmammographydigital	0.70	0.28	0.28	0.03	1.01	1.01	XXX
G0204	26	A	Diagnosticmammographydigital	0.87	0.35	0.35	0.03	1.25	1.25	XXX
G0206	26	A	Diagnosticmammographydigital	0.70	0.28	0.28	0.03	1.01	1.01	XXX
G0236	26	A	digital film convert diag ma	0.06	0.02	0.02	0.01	0.09	0.09	ZZZ

[1] CPT codes and descriptions only are copyright 2001 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

ADDENDUM D.—2002 GEOGRAPHIC PRACTICE COST INDICES BY MEDICARE CARRIER AND LOCALITY

Carrier No.	Locality No.	Locality name	Work	Practice expense	Malpractice
00510	00	ALABAMA	0.978	0.870	0.807
00831	01	ALASKA	1.064	1.172	1.223
00832	00	ARIZONA	0.994	0.978	1.111
00520	13	ARKANSAS	0.953	0.847	0.340
31146	26	ANAHEIM/SANTA ANA, CA	1.037	1.184	0.955
31146	18	LOS ANGELES, CA	1.056	1.139	0.955
31140	03	MARIN/NAPA/SOLANO, CA	1.015	1.248	0.687
31140	07	OAKLAND/BERKELEY, CA	1.041	1.235	0.687
31140	05	SAN FRANCISCO, CA	1.068	1.458	0.687
31140	06	SAN MATEO, CA	1.048	1.432	0.687
31140	09	SANTA CLARA, CA	1.063	1.380	0.639
31146	17	VENTURA, CA	1.028	1.125	0.783
31146	99	REST OF CALIFORNIA*	1.007	1.034	0.748
31140	99	REST OF CALIFORNIA*	1.007	1.034	0.748
00824	01	COLORADO	0.985	0.992	0.840
00591	00	CONNECTICUT	1.050	1.156	0.966
00902	01	DELAWARE	1.019	1.035	0.712
00903	01	DC + MD/VA SUBURBS	1.050	1.166	0.909
00590	03	FORT LAUDERDALE, FL	0.996	1.018	1.877
00590	04	MIAMI, FL	1.015	1.052	2.528
00590	99	REST OF FLORIDA	0.975	0.946	1.265
00511	01	ATLANTA, GA	1.006	1.059	0.935
00511	99	REST OF GEORGIA	0.970	0.892	0.935
00833	01	HAWAII/GUAM	0.997	1.124	0.834
05130	00	IDAHO	0.960	0.881	0.497
00952	16	CHICAGO, IL	1.028	1.092	1.797
00952	12	EAST ST. LOUIS, IL	0.988	0.924	1.691
00952	15	SUBURBAN CHICAGO, IL	1.006	1.071	1.645
00952	99	REST OF ILLINOIS	0.964	0.889	1.157
00630	00	INDIANA	0.981	0.922	0.481
00826	00	IOWA	0.959	0.876	0.596
00650	00	KANSAS*	0.963	0.895	0.756
00740	04	KANSAS*	0.963	0.895	0.756
00660	00	KENTUCKY	0.970	0.866	0.877
00528	01	NEW ORLEANS, LA	0.998	0.945	1.283
00528	99	REST OF LOUISIANA	0.968	0.870	1.073
31142	03	SOUTHERN MAINE	0.979	0.999	0.666
31142	99	REST OF MAINE	0.961	0.910	0.666
00901	01	BALTIMORE/SURR. CNTYS, MD	1.021	1.038	0.916
00901	99	REST OF MARYLAND	0.984	0.972	0.774
31143	01	METROPOLITAN BOSTON	1.041	1.239	0.784
31143	99	REST OF MASSACHUSETTS	1.010	1.129	0.784
00953	01	DETROIT, MI	1.043	1.038	2.738
00953	99	REST OF MICHIGAN	0.997	0.938	1.571
00954	00	MINNESOTA	0.990	0.974	0.452
00512	00	MISSISSIPPI	0.957	0.837	0.779

ADDENDUM D.—2002 GEOGRAPHIC PRACTICE COST INDICES BY MEDICARE CARRIER AND LOCALITY—Continued

Carrier No.	Locality No.	Locality name	Work	Practice expense	Mal-practice
00740	02	METROPOLITAN KANSAS CITY, MO	0.988	0.967	0.846
00523	01	METROPOLITAN ST. LOUIS, MO	0.994	0.938	0.846
00740	99	REST OF MISSOURI*	0.946	0.825	0.793
00523	99	REST OF MISSOURI*	0.946	0.825	0.793
00751	01	MONTANA	0.950	0.876	0.727
00655	00	NEBRASKA	0.948	0.877	0.430
00834	00	NEVADA	1.005	1.039	1.209
31144	40	NEW HAMPSHIRE	0.986	1.030	0.825
00805	01	NORTHERN NJ	1.058	1.193	0.860
00805	99	REST OF NEW JERSEY	1.029	1.110	0.860
00521	05	NEW MEXICO	0.973	0.900	0.902
00803	01	MANHATTAN, NY	1.094	1.351	1.668
00803	02	NYC SUBURBS/LONG I., NY	1.068	1.251	1.952
00803	03	POUGHKPSIE/N NYC SUBURBS, NY	1.011	1.075	1.275
14330	04	QUEENS, NY	1.058	1.228	1.871
00801	99	REST OF NEW YORK	0.998	0.944	0.764
05535	00	NORTH CAROLINA	0.970	0.931	0.595
00820	01	NORTH DAKOTA	0.950	0.880	0.657
16360	00	OHIO	0.988	0.944	0.957
00522	00	OKLAHOMA	0.968	0.876	0.444
00835	01	PORTLAND, OR	0.996	1.049	0.436
00835	99	REST OF OREGON	0.961	0.933	0.436
00865	01	METROPOLITAN PHILADELPHIA, PA	1.023	1.092	1.413
00865	99	REST OF PENNSYLVANIA	0.989	0.929	0.774
00973	20	PUERTO RICO	0.881	0.712	0.275
00870	01	RHODE ISLAND	1.017	1.065	0.883
00880	01	SOUTH CAROLINA	0.974	0.904	0.279
00820	02	SOUTH DAKOTA	0.935	0.878	0.406
05440	35	TENNESSEE	0.975	0.900	0.592
00900	31	AUSTIN, TX	0.986	0.996	0.859
00900	20	BEAUMONT, TX	0.992	0.890	1.338
00900	09	BRAZORIA, TX	0.992	0.978	1.338
00900	11	DALLAS, TX	1.010	1.065	0.931
00900	28	FORT WORTH, TX	0.987	0.981	0.931
00900	15	GALVESTON, TX	0.988	0.969	1.338
00900	18	HOUSTON, TX	1.020	1.007	1.336
00900	99	REST OF TEXAS	0.966	0.880	0.956
00910	09	UTAH	0.976	0.941	0.644
31145	50	VERMONT	0.973	0.986	0.539
00973	50	VIRGIN ISLANDS	0.965	1.023	1.002
00904	00	VIRGINIA	0.984	0.938	0.500
00836	02	SEATTLE (KING CNTY), WA	1.005	1.100	0.788
00836	99	REST OF WASHINGTON	0.981	0.972	0.788
16510	16	WEST VIRGINIA	0.963	0.850	1.378
00951	00	WISCONSIN	0.981	0.929	0.939
00825	21	WYOMING	0.967	0.895	1.005

*Payment locality is serviced by two carriers.

Note: Work GPCI reflects only ¼ work GPCI in accordance with section 1848(e)(1)(A)(iii) of the Social Security Act. GPCIs rescaled by the following factors for budget neutrality: Work = 0.99699; Practice Expense = 0.99235; Malpractice Expense = 1.00215.

ADDENDUM E.—UPDATED LIST OF CPT [1]/HCPCS CODES USED TO DESCRIBE CERTAIN DESIGNATED HEALTH SERVICES UNDER THE PHYSICIAN REFERRAL PROVISIONS

[Section 1877 of the Social Security Act]

CLINICAL LABORATORY SERVICES

INCLUDE CPT codes for all clinical laboratory services in the 80000 series, except EXCLUDE CPT codes for the following blood component collection services:

86890	Autologous blood process
86891	Autologous blood, op salvage
86915	Bone marrow/stem cell prep
86927	Plasma, fresh frozen
86930	Frozen blood prep
86931	Frozen blood thaw
86932	Frozen blood freeze/thaw
86945	Blood product/irradiation
86950	Leukacyte transfusion
86965	Pooling blood platelets
86985	Split blood or products

INCLUDE the following HCPCS level 2 codes for other clinical laboratory services:

G0001	Drawing blood for specimen
G0026	Fecal leukocyte examination

ADDENDUM E.—UPDATED LIST OF CPT [1]/HCPCS CODES USED TO DESCRIBE CERTAIN DESIGNATED HEALTH SERVICES UNDER THE PHYSICIAN REFERRAL PROVISIONS—Continued

[Section 1877 of the Social Security Act]

G0027	Semen analysis
G0103	Psa, total screening
G0107	CA screen; fecal blood test
G0123	Screen cerv/vag thin layer
G0124	Screen c/v thin layer by MD
G0141	Scr c/v cyto,autosys and md
G0143–G0145	Scr c/v cyto,thinlayer, rescr
G0147	Scr c/v cyto, automated sys
G0148	Scr c/v cyto, autosys, rescr
P2028	Cephalin floculation test
P2029	Congo red blood test
P2031	Hair analysis
P2033	Blood thymol turbidity
P2038	Blood mucoprotein
P3000	Screen pap by tech w md supv
P3001	Screening pap smear by phys
P7001	Culture bacterial urine
P9612	Catheterize for urine spec
P9615	Urine specimen collect mult

ADDENDUM E.—UPDATED LIST OF CPT [1]/HCPCS CODES USED TO DESCRIBE CERTAIN DESIGNATED HEALTH SERVICES UNDER THE PHYSICIAN REFERRAL PROVISIONS—Continued

[Section 1877 of the Social Security Act]

Q0111	Wet mounts/w preparations
Q0112	Potassium hydroxide preps
Q0113	Pinworm examinations
Q0114	Fern test
Q0115	Post-coital mucous exam

PHYSICAL THERAPY/OCCUPATIONAL THERAPY/SPEECH-LANGUAGE PATHOLOGY

INCLUDE the following CPT codes for the physical therapy/occupational therapy/speech-language pathology services in the 97000 series:

97001	Pt evaluation
97002	Pt re-evaluation
97003	Ot evaluation
97004	Ot re-evaluation
97010	Hot or cold packs therapy
97012	Mechanical traction therapy
97014	Electric stimulation therapy
97016	Vasopneumatic device therapy
97018	Paraffin bath therapy

ADDENDUM E.—UPDATED LIST OF CPT [1]/HCPCS CODES USED TO DESCRIBE CERTAIN DESIGNATED HEALTH SERVICES UNDER THE PHYSICIAN REFERRAL PROVISIONS—Continued

[Section 1877 of the Social Security Act]

97020	Microwave therapy
97022	Whirlpool therapy
97024	Diathermy treatment
97026	Infrared therapy
97028	Ultraviolet therapy
97032	Electrical stimulation
97033	Electric current therapy
97034	Contrast bath therapy
97035	Ultrasound therapy
97036	Hydrotherapy
97039	Physical therapy treatment
97110	Therapeutic exercises
97112	Neuromuscular reeducation
97113	Aquatic therapy/exercises
97116	Gait training therapy
97124	Massage therapy
97139	Physical medicine procedure
97140	Manual therapy
97150	Group therapeutic procedures
97504	Orthotic training
97520	Prosthetic training
97530	Therapeutic activities
97532	Cognitive skills development
97533	Sensory integration
97535	Self care mngment training
97537	Community/work reintegration
97542	Wheelchair mngment training
97545	Work hardening
97546	Work hardening add-on
97703	Prosthetic checkout
97750	Physical performance test
97799	Physical medicine procedure

INCLUDE CPT codes for physical therapy/occupational therapy/speech-language pathology services *not* in the 97000 series:

64550	Apply neurostimulator
90901	Biofeedback train, any meth
90911	Biofeedback peri/uro/rectal
92506	Speech/hearing evaluation
92507–92508	Speech/hearing therapy
92510	Rehab for ear implant
92526	Oral function therapy
93797	Cardiac rehab
93798	Cardiac rehab/monitor
94667–94668	Chest wall manipulation
94762	Measure blood oxygen level
95831	Limb muscle testing, manual
95832	Hand muscle testing, manual
95833–95834	Body muscle testing, manual
95851–95852	Range of motion measurements
96000	Motion analysis, video/3d
96001	Motion test w/ft press meas
96002	Dynamic surface emg
96003	Dynamic fine wire emg
96105	Assessment of aphasia
96110	Developmental test, lim
96111	Developmental test, extend
96115	Neurobehavior status exam

INCLUDE HCPCS level 2 codes for the following physical therapy/occupational therapy/speech-language pathology services:

G0193	Endoscopic study swallow functn
G0194	Sensory testing endoscopic stud
G0195	Clinical eval swallowing funct
G0196	Eval of swallowing with radioopa
G0197	Eval of pt for prescip speech devi
G0198	Patient adapation & train for spe
G0199	Reevaluation of patient use spec
G0200	Eval of patient prescip of voice p
G0201	Modi for training in use voice pro
Q0086	Physical therapy evaluation/

RADIOLOGY

INCLUDE the following radiology and certain other imaging services in the CPT 70000 series:

70100–70110	X-ray exam of jaw
70120–70130	X-ray exam of mastoids
70134	X-ray exam of middle ear
70140–70150	X-ray exam of facial bones
70160	X-ray exam of nasal bones
70190–70200	X-ray exam of eye sockets
70210–70220	X-ray exam of sinuses
70240	X-ray exam, pituitary saddle
70250–70260	X-ray exam of skull
70300–70310	X-ray exam of teeth
70320	Full mouth x-ray of teeth
70328	X-ray exam of jaw joint
70330	X-ray exam of jaw joints
70336	Magnetic image, jaw joint
70350	X-ray head for orthodontia
70355	Panoramic x-ray of jaws
70360	X-ray exam of neck
70370	Throat x-ray & fluoroscopy
70371	Speech evaluation, complex
70380	X-ray exam of salivary gland
70450	Ct head/brain w/o dye
70460	Ct head/brain w/dye
70470	Ct head/brain w/o&w dye
70480	Ct orbit/ear/fossa w/o dye
70481	Ct orbit/ear/fossa w/dye
70482	Ct orbit/ear/fossa w/o&w dye
70486	Ct maxillofacial w/o dye
70487	Ct maxillofacial w/dye
70488	Ct maxillofacial w/o&w dye
70490	Ct soft tissue neck w/o dye
70491	Ct soft tissue neck w/dye
70492	Ct sft tsue nck w/o & w/dye
70496	Ct angiography, head
70498	Ct angiography, neck
70540	Mri orbit/face/neck w/o dye
70542	Mri orbit/face/neck w/dye
70543	Mri orbt/fac/nck w/o&w dye
70544	Mr angiography head w/o dye
70545	Mr angiography head w/dye
70546	Mr angiograph head w/o&w dye
70547	Mr angiography neck w/o dye
70548	Mr angiography neck w/dye
70549	Mr angiograph neck w/o&w dye
70551	Mri brain w/o dye
70552	Mri brain w/dye
70553	Mri brain w/o&w dye
71010–71022	Chest x-ray
71023	Chest x-ray and fluoroscopy
71030	Chest x-ray
71034	Chest x-ray and fluoroscopy
71035	Chest x-ray
71100	X-ray exam of ribs
71101	X-ray exam of ribs/chest
71110	X-ray exam of ribs
71111	X-ray exam of ribs/ chest
71120–71130	X-ray exam of breastbone
71250	Ct thorax w/o dye
71260	Ct thorax w/dye
71270	Ct thorax w/o&w dye
71275	Ct angiography, chest
71550	Mri chest w/o dye
71551	Mri chest w/dye
71552	Mri chest w/o&w dye
71555	Mri angio chest w or w/o dye
72010–72020	X-ray exam of spine
72040–72052	X-ray exam of neck spine
72069	X-ray exam of trunk spine
72070–72074	X-ray exam of thoracic spine
72080–72090	X-ray exam of trunk spine
72100–72120	X-ray exam of lower spine
72125	Ct neck spine w/o dye
72126	Ct neck spine w/dye
72127	Ct neck spine w/o&w dye
72128	Ct chest spine w/o dye
72129	Ct chest spine w/dye
72130	Ct chest spine w/o&w dye
72131	Ct lumbar spine w/o dye
72132	Ct lumbar spine w/dye
72133	Ct lumbar spine w/o&w dye
72141	Mri neck spine w/o dye
72142	Mri neck spine w/dye
72146	Mri chest spine w/o dye
72147	Mri chest spine w/dye
72148	Mri lumbar spine w/o dye
72149	Mri lumbar spine w/dye
72156	Mri neck spine w/o&w dye
72157	Mri chest spine w/o&w dye
72158	Mri lumbar spine w/o&w dye
72170–72190	X-ray exam of pelvis
72191	Ct angiograph pelv w/o&w dye
72192	Ct pelvis w/o dye
72193	Ct pelvis w/dye
72194	Ct pelvis w/o&w dye
72195	Mri pelvis w/o dye
72196	Mri pelvis w/dye
72197	Mri pelvis w/o & w dye
72200–72202	X-ray exam sacroiliac joints
72220	X-ray exam of tailbone
73000	X-ray exam of collar bone
73010	X-ray exam of shoulder blade
73020–73030	X-ray exam of shoulder
73050	X-ray exam of shoulders
73060	X-ray exam of humerus
73070–73080	X-ray exam of elbow
73090	X-ray exam of forearm
73092	X-ray exam of arm, infant
73100–73110	X-ray exam of wrist
73120–73130	X-ray exam of hand
73140	X-ray exam of finger(s)
73200	Ct upper extremity w/o dye
73201	Ct upper extremity w/dye
73202	Ct uppr extremity w/o&w dye
73206	Ct angio upr extrm w/o&w dye
73218	Mri upper extremity w/o dye
73219	Mri upper extremity w/dye
73220	Mri uppr extremity w/o&w dye
73221	Mri joint upr extrem w/o dye
73222	Mri joint upr extrem w/ dye
73223	Mri joint upr extr w/o&w dye
73500–73510	X-ray exam of hip
73520	X-ray exam of hips
73540	X-ray exam of pelvis & hips
73550	X-ray exam of thigh
73560	X-ray exam of knee, 1 or 2
73562	X-ray exam of knee, 3
73564	X-ray exam, knee, 4 or more
73565	X-ray exam of knees
73590	X-ray exam of lower leg
73592	X-ray exam of leg, infant
73600–73610	X-ray exam of ankle
73620–73630	X-ray exam of foot
73650	X-ray exam of heel
73660	X-ray exam of toe(s)
73700	Ct lower extremity w/o dye
73701	Ct lower extremity w/dye
73702	Ct lwr extremity w/o&w dye
73706	Ct angio lwr extr w/o&w dye
73718	Mri lower extremity w/o dye
73719	Mri lower extremity w/dye
73720	Mri lwr extremity w/o&w dye
73721	Mri joint of lwr extre w/o d
73722	Mri joint of lwr extr w/dye

ADDENDUM E.—UPDATED LIST OF CPT [1]/HCPCS CODES USED TO DESCRIBE CERTAIN DESIGNATED HEALTH SERVICES UNDER THE PHYSICIAN REFERRAL PROVISIONS—Continued

[Section 1877 of the Social Security Act]

73723	Mri joint lwr extr w/o&w dye
73725	Mr ang lwr ext w or w/o dye
74000–74020	X-ray exam of abdomen
74022	X-ray exam series, abdomen
74150	Ct abdomen w/o dye
74160	Ct abdomen w/dye
74170	Ct abdomen w/o&w dye
74175	Ct angio abdom w/o&w dye
74181	Mri abdomen w/o dye
74182	Mri abdomen w/dye
74183	Mri abdomen w/o&w dye
74185	Mri angio, abdom w or w/o dy
74210	Contrst x-ray exam of throat
74220	Contrast x-ray, esophagus
74230	Cine/video x-ray, throat/eso
74240–74245	X-ray exam, upper gi tract
74246–74249	Contrst x-ray uppr gi tract
74250	X-ray exam of small bowel
74290	Contrast x-ray, gallbladder
74291	Contrast x-rays, gallbladder
74710	X-ray measurement of pelvis
75552	Heart mri for morph w/o dye
75553	Heart mri for morph w/dye
75554	Cardiac MRI/function
75555	Cardiac MRI/limited study
75635	Ct angio abdominal arteries
76000	Fluoroscope examination
76006	X-ray stress view
76010	X-ray, nose to rectum
76020	X-rays for bone age
76040	X-rays, bone evaluation
76061–76062	X-rays, bone survey
76065	X-rays, bone evaluation
76066	Joint survey, single view
76085	Computer mammogram add-on
76090	Mammogram, one breast
76091	Mammogram, both breasts
76092	Mammogram, screening
76093	Magnetic image, breast
76094	Magnetic image, both breasts
76100	X-ray exam of body section
76101	Complex body section x-ray
76102	Complex body section x-rays
76120	Cine/video x-rays
76125	Cine/ video x-rays add-on
76150	X-ray exam, dry process
76370	CAT scan for therapy guide
76375	3d/holograph reconstr add-on
76380	CAT scan follow-up study
76390	Mr spectroscopy
76400	Magnetic image, bone marrow
76499	Radiographic procedure
76506	Echo exam of head
76511–76512	Echo exam of eye
76513	Echo exam of eye, water bath
76516–76519	Echo exam of eye
76536	Us exam of head and neck
76604	Us exam, chest, b-scan
76645	Us exam, breast(s)
76700	Us exam, abdom, complete
76705	Us exam, abdom, limited
76770	Us exam abdo back wall, comp
76775	Us exam abdo back wall, lim
76778	Us exam kidney transplant
76800	Us exam, spinal canal
76805	Us exam, pg uterus, compl
76810	Us exam, pg uterus, mult
76815	Us exam, pg uterus limit
76816	Us exam pg uterus repeat
76818	Fetal biophy profile w/nst
76819	Fetal biophys profil w/o nst
76825–76828	Echo exam of fetal heart
76830	Us exam, transvaginal
76831	Echo exam, uterus
76856	Us exam, pelvic, complete
76857	Us exam, pelvic, limited
76870	Us exam, scrotum
76872	Echo exam, transrectal
76873	Echograp trans r, pros study
76880	Us exam, extremity
76885	Us exam infant hips, dynamic
76886	Us exam infant hips, static
76970	Ultrasound exam follow-up
76977	Us bone density measure
76999	Echo examination procedure

INCLUDE the following CPT codes for echocardiography and vascular ultrasound:

93303–93304	Echo transthoracic
93307–93308	Echo exam of heart
93320–93321	Doppler echo exam, heart, if used in conjunction with 93303–93308
93325	Doppler color flow add-on, if used in conjunction with 93303–93308
93875–93882	Extracranial study
93886–93888	Intracranial study
93922–93924	Extremity study
93925–93926	Lower extremity study
93930–93931	Upper extremity study
93965–93971	Extremity study
93975–93979	Vascular study
93980–93981	Penile vascular study
93990	Doppler flow testing

INCLUDE miscellaneous other HCPCS level 2 codes for radiology and certain other imaging services:

G0050	Residual urine by ultrasound
G0131–132	CT scan, bone density study
G0188	Xray lwr extrmty-full lngth
G0202	Screening mammography digital
G0204	Diagnostic mammography digital
G0206	Diagnostic mammography digital
G0236	digital film convert diag ma
R0070	Transport portable x-ray
R0075	Transport port x-ray multipl

RADIATION THERAPY SERVICES AND SUPPLIES

INCLUDE CPT codes for all radiation therapy services and supplies in the CPT 70000 series:

77261–77263	Radiation therapy planning
77280–77295	Set radiation therapy field
77299	Radiation therapy planning
77300	Radiation therapy dose plan
77301	Radioltherapy dos plan, imrt
77305–77315	Radiation therapy dose plan
77321	Radiation therapy port plan
77326–77328	Radiation therapy dose plan
77331	Special radiation dosimetry
77332–77334	Radiation treatment aid(s)
77336–77370	Radiation physics consult
77399	External radiation dosimetry
77401–77416	Radiation treatment delivery
77417	Radiology port film(s)
77418	Radiation tx delivery, imrt
77427	Radiation tx management, x5
77431	Radiation therapy management
77432	Stereotactic radiation trmt
77470	Special radiation treatment
77499	Radiation therapy management
77520	Proton trmt, simple w/o comp
77522	Proton trmt, simple w/comp
77523	Proton trmt, intermediate
77525	Proton treatment, complex
77600–77620	Hyperthermia treatment
77750	Infuse radioactive materials
77761	Apply intrcav radiat simple
77762	Apply intrcav radiat interm
77763	Apply intrcav radiat compl
77776	Apply interstit radiat simpl
77777	Apply interstit radiat inter
77778	Apply iterstit radiat compl
77781–77784	High intensity brachytherapy
77789	Apply surface radiation
77790	Radiation handling
77799	Radium/radioisotope therapy

INCLUDE CPT codes for radiation therapy classified elsewhere:

31643	Diag bronchoscope/catheter
50559	Renal endoscopy/radiotracer
55859	Percut/needle insert, pros
61770	Incise skull for treatment
61793	Focus radiation beam
92974	Cath place, cardio brachytx

PREVENTIVE SCREENING TESTS, IMMUNIZATIONS AND VACCINES

The following CPT and HCPCS codes are excluded under § 411.355(h) as screening tests:

76085	Computer mammogram add-on
76092	Mammogram, screening
76977	Us bone density measure
G0103	Psa, total screening
G0107	CA screen; fecal blood test
G0123	Screen cerv/vag thin layer
G0124	Screen c/v thin layer by MD
G0141	Scr c/v cyto, autosys and md
G0143–G0145	Scr c/v cyto, thinlayer, rescr
G0147	Scr c/v cyto, automated sys
G0148	Scr c/v cyto, autosys, rescr
G0202	Screening mammography digital
P3000	Screen pap by tech w md supv
P3001	Screening pap smear by phys

The following CPT and HCPCS codes are excluded under § 411.355(h) as vaccines:

90657	Flu vaccine, 6–35 mo, im
90658	Flu vaccine, 3 yrs, im
90659	Flu vacine, whole, im
90732	Pneumococcal vaccine
90748	Hep b/hib vaccine, im
Q3018	Hepatitis B vaccine

DRUGS USED BY PATIENTS UNDERGOING DIALYSIS

The following HCPCS codes are excluded under § 411.355(g) as EPO and other dialysis related outpatient prescription drugs furnished in or by an ESRD facility:

J0635	Calcitriol injection
J0895	Deferoxamine mesylate inj
J1270	Injection, doxercalciferol
J1750	Iron dextran
J1755	Iron sucrose injection
J2915	NA Ferric Gluconate Complex
J2997	Alteplase recombinant
Q9920	Epoetin with hct <=20
Q9921	Epoetin with hct = 21
Q9922	Epoetin with hct = 22
Q9923	Epoetin with hct = 23
Q9924	Epoetin with hct = 24
Q9925	Epoetin with hct = 25
Q9926	Epoetin with hct = 26
Q9927	Epoetin with hct = 27
Q9928	Epoetin with hct = 28
Q9929	Epoetin with hct = 29
Q9930	Epoetin with hct = 30
Q9931	Epoetin with hct = 31
Q9932	Epoetin with hct = 32
Q9933	Epoetin with hct = 33
Q9934	Epoetin with hct = 34
Q9935	Epoetin with hct = 35

ADDENDUM E.—UPDATED LIST OF CPT [1]/HCPCS CODES USED TO DESCRIBE CERTAIN DESIGNATED HEALTH SERVICES UNDER THE PHYSICIAN REFERRAL PROVISIONS—Continued

[Section 1877 of the Social Security Act]

Q9936	Epoetin with hct = 36
Q9937	Epoetin with hct = 37
Q9938	Epoetin with hct = 38
Q9939	Epoetin with hct = 39
Q9940	Epoetin with hct >= 40

[1] CPT codes and descriptions only are copyright 2001 American Medical Association. All rights are reserved and applicable FARS/DFARS clauses apply.

[FR Doc. 01–27275 Filed 10–31–01; 8:45 am]

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Federal Register

Thursday,
November 1, 2001

Part III

Department of Transportation

Federal Aviation Administration

14 CFR Parts 121, 125, and 129
Collision Avoidance Systems; Proposed Rule

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Parts 121, 125 and 129

[Docket No. FAA–2001–10910; Notice No. 01–12]

RIN 2120–AG90

Collision Avoidance Systems

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Notice of proposed rulemaking (NPRM).

SUMMARY: This document proposes to use airplane weight and performance characteristics to require a collision avoidance system on airplanes operating under part 121, 125, or 129. The current traffic alert and collision avoidance system (TCAS) rules for parts 121 and 125 require use of TCAS based on airplane weight and passenger-seating configuration criteria and, in some cases, combination passenger/cargo configuration criteria. Part 129 uses passenger-seating configuration and the type of airplane power plant. This proposal would require use of a collision avoidance system by all-cargo airplanes for the first time, and would standardize the requirements for all-cargo and passenger-carrying airplanes. In the past, cargo air carriers had small fleets which operated primarily at night. However, the air cargo industry has experienced rapid growth and cargo fleets are expanding. Also, cargo operations are increasingly occurring around the clock and those operations occur in airspace shared with passenger airplanes.

Therefore, the FAA is proposing collision avoidance system requirements for certain cargo airplanes to minimize the possibility of midair collisions involving a cargo airplane. In addition, this proposal would standardize the collision avoidance system requirements for part 121, 125, and 129 airplanes.

DATES: Send your comments on or before December 31, 2001.

ADDRESSES: Address your comments to the Docket Management System, U.S. Department of Transportation, Room Plaza 401, 400 Seventh Street SW., Washington, DC 20590–0001. You must identify the docket number [FAA–2000–10910] at the beginning of your comments, and you should submit two copies of your comments. If you wish to receive confirmation that the FAA received your comments, include a self-addressed, stamped postcard.

You may also submit comments through the Internet to *http://dms.dot.gov.* You may review the public docket containing comments to these proposed regulations in person in the Dockets office between 9:00 a.m. and 5:00 p.m., Monday through Friday, except Federal holidays. The Dockets office is on the plaza level of the NASSIF Building at the Department of Transportation at the above address. Also, you may review public dockets on the Internet at *http://dms.dot.gov.*

FOR FURTHER INFORMATION CONTACT: Alberta Brown, Air Carrier Operations Branch, Flight Standards Service, AFS–220, Federal Aviation Administration, 800 Independence Avenue, SW., Washington, DC 20591, telephone (202) 267–8321.

SUPPLEMENTARY INFORMATION:

Comments Invited

The FAA invites interested persons to participate in this rulemaking by submitting written comments, data, or views. We also invite comments relating to the economic, environmental, energy, or federalism impacts that might result from adopting the proposals in this document. The most helpful comments reference a specific portion of the proposal, explain the reason for any recommended change, and include supporting data. We ask that you send us two copies of written comments.

We will file in the docket all comments we receive, as well as a report summarizing each substantive public contact with FAA personnel concerning this proposed rulemaking. The docket is available for public inspection before and after the comment closing date. If you wish to review the docket in person, go to the address in the **ADDRESSES** section of this preamble between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays. You may also review the docket using the Internet at the web address in the **ADDRESSES** section.

Before acting on this proposal, we will consider all comments we receive on or before the closing date for comments. We will consider comments filed late if it is possible to do so without incurring expense or delay. We may change this proposal in light of the comments we receive.

If you want the FAA to acknowledge receipt of your comments on this proposal, include with your comments a pre-addressed, stamped postcard on which the docket number appears. We will stamp the date on the postcard and mail it to you.

Availability of Rulemaking Documents

You can get an electronic copy using the Internet by taking the following steps:

(1) Go to the search function of the Department of Transportation's electronic Docket Management System (DMS) web page *http://dms.dot.gov/search.*

(2) On the search page type in the last four digits of the Docket number shown at the beginning of this notice. Click on ''search.''

(3) On the next page, which contains the Docket summary information for the Docket you selected, click on the document number of the item you wish to view.

You can also get an electronic copy using the Internet through the Office of Rulemaking's web page at *http://www.faa.gov/avr/armhome.htm* or the **Federal Register**'s web page at *http://www.access.gpo.gov/su_docs/aces/aces140.html.*

You can also get a copy by submitting a request to the Federal Aviation Administration, Office of Rulemaking, ARM–1, 800 Independence Avenue SW., Washington, DC 20591, or by calling (202) 267–9680. Make sure to identify the docket number, notice number, or amendment number of this rulemaking.

Background

Regulatory History

On January 5, 1989, the FAA issued the ''Traffic Alert and Collision Avoidance System; Final Rule'' (54 FR 940, January 10, 1989), which established requirements for the installation and use of TCAS on passenger-carrying airplanes used under parts 121, 125, 129, and 135. The final rule required parts 121 and 125 operators of large airplanes with a passenger seating configuration of more than 30 seats to have TCAS II installed and operational by December 30, 1991. Part 129 operators of turbine-powered airplanes, with a passenger seating configuration of more than 30 seats, were required to install TCAS II in those airplanes by December 30, 1991. Part 135 operators (known at the time as air taxi and commuter operators) and part 129 operators of turbine-powered airplanes, with a passenger seating configuration of 10–30 seats, were required to install TCAS I by February 9, 1995. Part 121 operators of combination cargo/passenger (combi) airplanes, with a passenger seating configuration of 10–30 seats, were required to install TCAS I by February 9, 1995.

During this rulemaking effort, Congress enacted the Airport and Airway Safety and Capacity Expansion Act of 1987 (Public Law 100–223), which among other things, directed the FAA to require TCAS II by December 30, 1991, on airplanes with a maximum passenger seating configuration of more than 30 seats.

Amendments to the TCAS Rule

In response to concerns that the aviation community could not comply with the statutory schedule for TCAS II equipage, the FAA proposed a modified schedule to phase-in TCAS II installation. Public Law 101–236, enacted on December 15, 1989, allowed the Administrator to extend the deadline for TCAS II installation for no more than 2 years. On April 3, 1990, the FAA amended the compliance schedule for TCAS II installation for parts 121, 125, and 129 operators (68 FR 13242, April 9, 1990). The revised phase-in compliance schedule required all affected airplanes to be equipped with TCAS II by December 30, 1993.

In October 1992, the Regional Airline Association petitioned for a temporary exemption and urged the FAA to extend the compliance date for the installation of TCAS I. Because of delays in equipment development and testing, the complexity of the equipment, and requirements for supplemental type certification, the FAA extended the compliance date for installing TCAS I for 1 year to December 31, 1995 (59 FR 67584, December 29, 1994).

On December 12, 1995, the FAA issued the ''Commuter Operations and General Certification and Operations Requirements; Final Rule'' (60 FR 65832, December 20, 1995), which, in part, required certain part 135 operators to conduct operations under part 121. The rule affected part 135 operators with airplanes having a passenger seating configuration of 10–30 seats. Before the ''Commuter Rule,'' only combi airplanes were included under the 10–30 passenger seat criteria in § 121.356(b), which required TCAS I. The ''Commuter Rule'' added passenger airplanes to § 121.356(b) to cover the remaining 10–30 passenger seat airplanes transitioning from part 135 to part 121. In part 135, the TCAS rule for airplanes with a passenger seating configuration of 10–30 seats applies only to turbine-powered airplanes, but in part 121, the TCAS rule applies to all airplanes with a passenger seating configuration of 10–30 seats. Consequently, some piston-powered airplanes with a passenger seating configuration of 10–30 seats that were not required to have TCAS before the ''Commuter Rule'' were required to have TCAS after the compliance date of that rule. The amendment also revised the TCAS rule by including reference to TCAS I in § 121.356(c), which covers flight manuals.

Current Requirements

Traffic Alert and Collision Avoidance System (TCAS) is a general term for a family of airborne devices that function independently of the ground-based air traffic control (ATC) system and provide collision avoidance protection for a broad spectrum of airplane types. It is designed to serve as a safety back-up to the ATC system.

TCAS I provides proximity warnings to pilots in the form of traffic advisories (TAs), which display the intruding transponder-equipped traffic relative to the TCAS-equipped airplane. Traffic advisories generally include the range, altitude, and bearing of the intruding airplane. Current rules require at least TCAS I on: (1) Passenger or combi airplanes with a passenger seating configuration of 10–30 seats operated under part 121, and (2) turbine-powered airplanes with a passenger seating configuration of 10–30 seats operated under part 129 or 135.

TCAS II provides both TAs and recommended vertical escape maneuvers, known as resolution advisories (RAs). Resolution advisories provide pilots with information to change a flight path or prevent a maneuver that could cause insufficient separation between airplanes. TCAS II also coordinates RAs between two TCAS-equipped airplanes (i.e., each pilot would receive an RA that would not conflict with the other RA). Current rules require TCAS II on: (1) Large airplanes with a passenger seating configuration of more than 30 seats operated under part 121 or 125, and (2) turbine-powered airplanes with a passenger seating configuration of more than 30 seats operated in the United States under part 129.

The current TCAS requirements for parts 121, 125, and 129 are summarized in the table below:

14 CFR	Classification	Equipment requirements
121.356(a)	Large airplane, a passenger seating configuration of more than 30 seats, excluding any pilot seat.	TCAS II and a Mode S transponder.
121.356(b)	Passenger or combi airplane, a passenger seating configuration of 10–30 seats, excluding any pilot seat.	An approved traffic alert and collision avoidance system; if TCAS II is installed, it must coordinate with TCAS units that meet TSO C–119.
125.224(a)	Large airplane, a passenger seating configuration of more than 30 seats, excluding any pilot seat.	TCAS II and a Mode S transponder.
129.18(a)(1)	Turbine-powered airplane, a passenger seating configuration of more than 30 seats, excluding any pilot seat.	TCAS II and a Mode S transponder.
129.18(b)	Turbine-powered airplane, a passenger seating configuration of 10–30 seats, excluding any pilot seat.	An approved traffic alert and collision avoidance system; if TCAS II is installed, it must coordinate with TCAS units that meet TSO C–119.

TCAS transmits interrogations that elicit replies from radar beacon transponders in nearby airplanes. The level of protection provided by TCAS depends on the type of transponder the intruding airplane is carrying. For example, nearby airplanes equipped with a Mode A transponder will provide only range and azimuth information to the TCAS-equipped airplane; whereas, an airplane equipped with a Mode C or Mode S transponder will provide range, azimuth, and altitude information to the TCAS-equipped airplane. Mode S is a more precise transponder because it transmits in 25-foot increments; whereas, Mode C transmits in 100-foot increments. TCAS provides protection only from airplanes with an operating transponder.

Purpose of the Proposal

The FAA promulgated the TCAS rule in 1989 to protect air carrier passengers from midair collisions. This has the added benefit of protecting persons on the ground. Because the cargo air carriers traditionally transported few passengers, operated few airplanes, and operated primarily at night, the FAA determined that those cargo airplanes

did not represent a significant risk to passenger-carrying airplanes, which operated primarily during the day.

The FAA recognized that those few cargo airplanes would benefit some from the TCAS requirement for passenger airplanes because transponder-equipped cargo airplanes are displayed to pilots of TCAS-equipped passenger airplanes. Cargo airplanes also benefit because of the large number of passenger airplanes that are equipped with TCAS. In addition, the FAA determined that the cost/benefit analysis and risk level at that time did not support requiring cargo operators to equip their airplanes with TCAS.

In 1987, prior to the TCAS rule, the air cargo industry operated approximately 375 airplanes. Today, cargo air carriers operate approximately 1,150 airplanes and the demand for air cargo services is expected to continue growing at a rate of 5–6 percent per year over the next 10–20 years. The FAA believes that because the U.S. air cargo industry and daytime cargo operations have grown rapidly at high-density hubs, an increased risk of near midair collisions (NMACs) involving cargo and passenger airplanes exists. Furthermore, large total traffic volume and complexity within the National Airspace System (NAS) increase the challenge of maintaining safe separation among aircraft.

On February 6, 1999, a cargo airplane and a passenger airplane were involved in a hazardous situation when they passed within 1 mile horizontally, and 600 feet vertically from each other. The passenger airplane was equipped with TCAS and its pilot took action to avoid the cargo airplane. On March 2, 1999, a NMAC occurred over Salina, Kansas involving two cargo airplanes. Neither airplane was equipped with TCAS and the airplanes passed within an estimated one-half mile horizontal and 0 feet vertical separation of each other. These occurrences illustrate the potential of a collision between cargo and passenger airplanes or two cargo airplanes.

According to FAA data, since the installation of TCAS began, the number of pilot-reported NMACs dropped from 454 reports in 1990 to an all-time low of 194 in 1996. FAA data also disclose that from January 1, 1994, to January 1, 1999, pilots flying cargo airplanes filed four NMAC reports. Two incidents involved Federal Express airplanes, one NMAC involved an Empire Airlines, Inc., airplane, and one involved an Airborne Express, Inc., airplane. The NTSB has reported that no midair collisions involving large all-cargo transport airplanes have occurred. However, the FAA believes that the potential risk exists of a NMAC or a midair collision occurring involving a cargo airplane.

Therefore, the FAA proposes to use airplane weight and performance characteristics to encompass cargo as well as passenger airplanes and to standardize and clarify parts 121, 125, and 129. The FAA believes this would reduce the risk of midair collisions, increasing public safety in the air and on the ground.

Petition for Rulemaking

Summary of the Petition for Rulemaking

The Independent Pilots Association (IPA), representing pilots from United Parcel Service, petitioned the FAA in September 1996 to amend § 121.356 to require TCAS II on transport category airplanes flown in all-cargo, part 121 operations. According to IPA, requiring transport category cargo airplanes to be equipped with TCAS II may prevent collisions between cargo airplanes and between cargo and passenger airplanes operating in the same airspace. IPA maintains that a TCAS II equipage requirement would reduce the risk of death and serious injury to pilots, passengers of other airplanes, and persons on the ground.

IPA maintains that TCAS has a proven track record in reducing the risk of midair collisions. Further, the FAA has reported to Congress that TCAS provides an additional safety margin against midair collisions. According to IPA, the FAA and the National Air and Space Administration's Aviation Safety Reporting System have received several reports indicating that TCAS II was credited with preventing midair collisions.

IPA asserts that the FAA articulated its belief that TCAS provides a valuable backup to visual collision avoidance, right-of-way rules, and air traffic separation services when it issued the ''Notification to Air Traffic Control (ATC) of Deviations from ATC Clearances in Response to Traffic Alert and Collision Avoidance System Resolution Advisories; Final Rule'' (60 FR 50676). This rule authorizes pilots to deviate from their ATC clearance to respond to a TCAS RA.

IPA states that the cargo industry has experienced rapid growth over the past 15 years, and the cargo industry's present operations more closely resemble those of the passenger carriers. IPA asserts that cargo air carriers are now operating numerous daytime flights in addition to nighttime flights and share the same airspace with passenger airplanes. IPA states that cargo air carriers operate within a hub and spoke system in which large banks of flights arrive at and depart from the same airport within a short period of time. IPA believes this contributes to an increased workload for air traffic controllers and is further reason to require on-board collision avoidance for cargo airplanes. IPA also claims that late-night ATC system maintenance, sleep-deprived controllers, ATC computer and communications outages, and the development of the ''Free Flight'' program are all additional reasons to require TCAS.

Comments on the Petition for Rulemaking

The FAA published a summary of IPA's petition for rulemaking in the **Federal Register** on October 25, 1996 (61 FR 55230). The FAA received 350 comments in support of the petition, and none opposing it. A copy of the petition for rulemaking and comments received in response to the petition have been placed in the docket.

Commenters included the Air Line Pilots Association (ALPA), Allied Pilots Association (APA), Air Traffic Control Association, Inc. (ATCA), International Brotherhood of Teamsters (IBT), and Airline Professionals Association Teamsters Local 1224 (APAT). The FAA also received comments from 3 individual pilots, 314 pilots employed by Airborne Express, and 28 pilots employed by DHL Airways, Inc. (DHL). In addition, two comments were received from members of Congress, who forwarded correspondence from their constituents.

The APA states that the 1989 TCAS rule excluded small commuter airplanes that operate out of low traffic airports from the TCAS requirements. The APA also states that the regulation excluded cargo airplanes, which was an oversight. An individual pilot states that the lack of a uniform regulation that includes all transport category airplanes negates some of the safety enhancements gained by the introduction of TCAS. The IBT endorses and supports the FAA's recognition that TCAS is an effective collision avoidance system. The IBT comments that the FAA's confidence in TCAS permits, by regulation (14 CFR § 91.123), pilots to deviate from an ATC clearance in response to a TCAS resolution advisory.

The APAT and ALPA note that the FAA requires sophisticated equipment on cargo and passenger airplanes, such as ground proximity warning systems, airborne weather radar, windshear detection systems, altitude alerters, cockpit voice recorders, and flight data

recorders. These commenters add that the safety item not common to passenger and cargo airplane operations is TCAS II. Many commenters generally indicate that the lack of TCAS on cargo airplanes compromises the safety of the traveling public. They state that cargo airplanes share the same airspace as passenger airplanes and that since the requirement to carry TCAS on passenger-carrying airplanes was issued, cargo operations have expanded significantly. The IBT theorizes that an increase in cargo operations increases the statistical probability of a midair collision involving a cargo air carrier.

Airborne Express pilots comment that there are over 700 arrivals and departures of cargo airplanes under control of the Indianapolis Air Route Traffic Control Center between the hours of 11:00 p.m. and 6:30 a.m. According to this group of commenters, these airplanes, which are not equipped with TCAS, fly over densely populated cities and may be carrying hazardous materials. Additionally, the APAT notes that passenger-carrying airplanes often conduct ''red eye'' flights at night, which may result in an increased risk for collisions. According to APAT, during the hours air carriers conduct ''red eye'' flights, airplanes often fly at flight levels not typically assigned for the direction the airplane is flying.

Airborne Express pilots and the APAT maintain that certain ATC computer functions are shut down for routine maintenance between the hours of 1:00 a.m. and 5:00 a.m. They argue that at such times, ATC uses its backup computers, which do not have the collision warning system that is installed on the primary computers. As such, the commenters believe that airborne collision avoidance systems are necessary.

The IBT, the APAT, and the Airborne Express pilots addressed the effects of nighttime operations on human circadian rhythms. According to those commenters, pilots and controllers who work at night suffer the effects of the body's circadian low-point, which results in a reduction of mental alertness and performance. Those commenters contend that it is during such periods that the air traffic facilities also are often shut down for maintenance. According to the commenters, pilots who feel the effects of this circadian low rely heavily on controllers during times of reduced ATC computer functions.

The FAA received several comments regarding the positive effect TCAS has had on rates of midair and near midair collisions. According to the APA, since the requirement to carry TCAS on passenger-carrying airplanes became effective in 1993, FAA statistics disclose a decline in reported NMACs from 38 in 1993 to 20 in 1996. The APAT states that pilot reports of all NMACs have dropped from 454 in 1990 to 240 in 1995.

Other commenters addressed specific fatal midair collisions. The APAT comments that the NTSB found that the collision between a McDonnell Douglas DC–9 and a Piper PA–12 over Cerritos, California, in 1986 might have been avoided if either the pilots or the controller had an automated collision avoidance system available to them. ALPA noted that the use of the see-and-avoid requirement to prevent midair collisions has severe limitations caused by physiological constraints of the human eye, cockpit window configurations, and current ATC procedures. ALPA cited the November 12, 1996, midair collision over India between a Saudi Boeing B–747 and a Kazakh Ilyushin IL–76 as evidence that highly experienced pilots cannot consistently visually detect and avoid traffic threats. In addition, ALPA indicated that TCAS II equipment may have prevented the accident.

ALPA also comments that ground fatalities do occur as a result of midair collisions. Specifically, ALPA refers to the 1978 midair collision over San Diego, California, which caused 7 deaths on the ground, and the Cerritos midair collision, which caused 15 deaths on the ground.

Regarding general safety issues, DHL pilots, ALPA, APAT, and IBT refer to the FAA's stated goal of ''one level of safety.'' Those commenters indicate that this goal should include equipping cargo airplanes with TCAS. Also, they comment that one effect of the ''one level of safety'' goal is the requirement for certain commuter operators that formerly operated under the requirements of part 135 to now operate under the requirements of part 121. Those operators have been required to install TCAS in airplanes with a passenger seating configuration of 10 to 19 seats. However, ALPA points out that airplanes with a passenger seating configuration of 30 seats or less are only required to be equipped with TCAS I. ALPA states that TCAS I is an inferior system and does not provide pilots with RAs. According to ALPA, pilots using TCAS I are required to identify visually the ''threat aircraft'' before initiating avoidance maneuvers. DHL pilots state that all cargo airplanes must be equipped with TCAS if the FAA has a ''zero accident'' objective.

The FAA received comments stating that requiring TCAS on all transport airplanes would enhance safety and close a ''loophole'' that does not require cargo airplanes to be equipped with TCAS. The commenters indicate that the ''loophole'' requires certain passenger-carrying airplanes to carry TCAS, but excludes cargo airplanes from the same requirement.

The DHL pilots note that TCAS II has 360-degree traffic alerting capability in all weather. An individual pilot commented that the pilot of an airplane equipped with TCAS II would not know which direction a non-TCAS II-equipped airplane would turn during a traffic conflict.

Commenters state that the FAA is falling behind Europe and Japan in aviation safety improvements. Some commenters state that in the year 2000, the Europeans and Japanese will require TCAS on airplanes with 30 or more passenger seats, or weighing more than 33,000 pounds.

ALPA states that pilots have found TCAS II to be invaluable when operating in foreign airspace that has marginal ATC services. Commenters express the need for TCAS in North Atlantic operations because of ICAO's initiative to establish Reduced Vertical Separation Minimum (RVSM) in the nonradar environment of the oceanic airspace. ALPA states that the RVSM program reduces vertical separation to 1,000 feet for aircraft operating between 29,000 feet and 41,000 feet. The commenter states that it cannot find any requirement for TCAS II on those airplanes exercising RVSM privileges.

FAA Response to the Petition for Rulemaking

The FAA believes that this NPRM is responsive to the IPA's petition for rulemaking, although it is broader in scope. Inclusion of airplanes operating under parts 121, 125, and 129 would ensure that airplanes of similar weight and performance capability would be equipped with collision avoidance systems. This action will serve as the FAA's response to the petitioner's request to amend § 121.356.

Congressional Hearing

The U.S. House of Representatives Committee on Transportation and Infrastructure, Subcommittee on Aviation, held a hearing on February 26, 1997, to discuss whether to require TCAS II on cargo airplanes. The hearing also addressed four near midair collisions that occurred in February 1997 and involved military aircraft and passenger airplanes. Individuals from the FAA, NTSB, United States Air Force (USAF), United States Navy (USN), ALPA, Nations Air Express, Inc.,

Independent Pilots Association (IPA), International Teamsters Airline Division (Teamsters), the National Air Transport Association (NATA), and the Cargo Airline Association (CAA) (formerly known as the Air Freight Association) testified at the hearing. Most witnesses supported requiring TCAS on cargo airplanes. NATA rejected the proposal citing minimal safety increases and an unjustifiable financial burden to air carriers. A transcript of the hearing and written testimonies submitted by the witnesses are in the public docket.

NTSB Recommendation

On September 9, 1999, the NTSB recommended that the FAA amend §§ 121.356, 125.224, and 129.18. The NTSB cited two NMACs that occurred in early 1999 involving airplanes that were not required to have TCAS II equipment installed. The NTSB recommended that the FAA require all aircraft of 15,000 kilograms (1kg. = 2.2lb.; 2.2 × 15,000= 33,000 pounds) or greater MCTOW, or more than 30 passenger seats, be equipped with TCAS II and an appropriate Mode S transponder.

The NTSB states that a valuable feature of TCAS II is its ability to coordinate escape maneuvers with TCAS II equipment on opposing airplanes. But when two potentially conflicting airplanes are not equipped with TCAS II, avoidance maneuvers chosen by the pilots may be uncoordinated and the two flight paths may continue to converge. The same outcome could result if one airplane is equipped with TCAS II and the other is not equipped with TCAS.

According to the NTSB, a draft implementation plan published by the European Civil Aviation Conference states that by January 1, 2000, passenger and cargo airplanes weighing more than 15,000 kilograms, or configured with more than 30 seats must be equipped with TCAS II to fly within European airspace. Several other countries are implementing similar TCAS requirements.

The NTSB also discusses the developing technology known as ADS–B. It states that although ADS–B may have a future as a collision avoidance system, that is not its primary function and no firm schedule or implementation plan has been established. The NTSB further states that many technical and research issues remain to be resolved before ADS–B can provide anti-collision capability comparable to that of TCAS equipment. A copy of the NTSB's recommendation is included in the public docket.

Recent Legislation

On April 5, 2000, the Wendell H. Ford Aviation Investment and Reform Act (AIR–21) was enacted (Pub. L. 106–181). AIR–21 directs the FAA to require all cargo airplanes of more than 15,000 kilograms MCTOW to be equipped with collision avoidance equipment by December 31, 2002. AIR–21 also provides for an extension of up to 2 years for safety or public interest reasons.

AIR–21 defines collision avoidance equipment as ''equipment that provides protection from mid-air collisions using technology that provides cockpit-based detection and conflict resolution guidance, including display of traffic; and a margin of safety of at least the same level as provided by the collision avoidance system known as TCAS II.'' This proposal is consistent with the statutory definition and mandate.

The Proposal

The FAA is proposing to amend §§ 121.356, 125.224, and 129.18 by changing the applicability criteria for collision avoidance system requirements. Rather than retaining the current passenger-seating configuration criterion to determine applicability, the FAA would use revised weight and performance criteria. As such, this proposed rule would standardize the collision avoidance system requirements for airplanes of similar size and performance capability. It would apply to cargo airplanes and other airplanes that are not required to have TCAS under current regulations.

Turbine-powered airplanes of more than 33,000 pounds maximum certificated takeoff weight (MCTOW) operated under part 121, 125, or 129 would be required to be equipped with TCAS II, or equivalent, and an appropriate Mode S transponder. Turbine-powered airplanes of 33,000 pounds or less MCTOW operated under part 121, 125, or 129 would be required to be equipped with at least TCAS I, or equivalent. All piston-powered airplanes, regardless of weight, conducting operations under part 121 or 125 would be required to be equipped with TCAS I, or equivalent.

This proposal incorporates the NTSB's regulatory recommendation. However, the FAA has excluded piston-powered airplanes of more than 33,000 pounds MCTOW from these proposed TCAS II requirements. The FAA has determined that TCAS I is more appropriate for those airplanes, considering their reduced performance characteristics.

The FAA's proposal is broader than the NTSB's recommendation. This proposal would require TCAS I on certain turbine-powered airplanes weighing 33,000 pounds or less MCTOW. Finally, the FAA notes that TCAS II and an appropriate Mode S transponder already are required for airplanes with a passenger seating configuration of more than 30 seats and most of these airplanes weigh more than 33,000 pounds MCTOW.

General Discussion of the Proposals

Current Applicability

Current rules require TCAS II on: (1) Large airplanes with a passenger seating configuration of more than 30 seats operated under part 121 or 125, and (2) turbine-powered airplanes with a passenger seating configuration of more than 30 seats operated in the United States under part 129.

Part 121 certificate holders operating passenger or combi airplanes, and part 129 turbine-powered airplanes that have a passenger seating configuration, excluding any pilot seat, of 10 to 30 seats must equip those airplanes with an approved traffic alert and collision avoidance system. (Part 125 only applies to airplanes with 20 or more passenger seats.)

Proposed Applicability

This proposed rule would, in part, provide for the installation and use of an appropriate collision avoidance system on all airplanes used under part 121, and most airplanes used under part 125 or 129. The proposal would standardize TCAS requirements based on airplane performance characteristics (either piston- or turbine-powered) and airplane weight. Although TCAS technology can apply to all aircraft, this proposal would apply only to airplanes. The proposal is not intended to apply to aircraft that are not airplanes (*e.g.,* helicopters).

The FAA intends to eliminate the current passenger-seating threshold test for determining collision avoidance equipage. The passenger-seating configuration criteria excludes cargo airplanes and airplanes with fewer than 10 passenger seats. The FAA has determined that, in the interest of meeting its safety goals, implementing weight and performance capability thresholds for collision avoidance system applicability would better reflect the type of airplanes that should be equipped with a collision avoidance system. As such, this proposed rule would include airplanes that may have been excepted from the TCAS requirements since 1989.

The Weight Threshold

A large airplane (defined in 14 CFR 1.1 as an airplane of more than 12,500 pounds MCTOW) that has a passenger seating configuration of more than 30 seats is 33,000 pounds or greater. The current TCAS rules have resulted in TCAS II equipage for airplanes of 33,000 pounds or greater MCTOW. Therefore, the FAA's proposal to use a weight criteria of 33,000 pounds MCTOW for TCAS II requirements does not change TCAS II requirements for the passenger-carrying airplanes.

The 33,000-pound MCTOW threshold is consistent with ICAO's TCAS equipage recommendation, which uses 15,000 kilograms MCTOW (33,000 pounds). The weight threshold would divide affected airplanes into two categories: (1) Airplanes that weigh more than 33,000 pounds MCTOW; and (2) airplanes that weigh 33,000 pounds or less MCTOW. In addition, the proposal specifies whether the requirements apply to turbine-powered or piston-powered airplanes.

The FAA recognized that the current TCAS rule language differs among parts 121, 125, and 129, especially in describing which airplanes are covered by the rule. Some of these differences can be standardized. This proposal would standardize those collision avoidance rules to the greatest extent possible. The FAA intends for the proposal to continue to cover all airplanes that currently are covered by the part 121, 125, and 129 TCAS rules.

Part 135

This proposal does not apply to airplanes operated under part 135. In 1995, the FAA transitioned all part 135 commuter air carriers with airplanes having 10 or more passenger seats into part 121, and they are currently required to have TCAS. The transition plan required the part 135 air carriers to meet the TCAS standards in part 121. The only scheduled carriers remaining in part 135 operate are those with 9 or less passenger seats. The NTSB did not recommend requiring collision avoidance equipment for part 135 operators.

While safety may be enhanced by requiring collision avoidance systems on part 135 cargo airplanes, it is appropriate for the FAA to study this issue for possible future rulemaking.

As in all rulemaking proposals, the FAA conducts extensive research to determine which airplanes should be included in any proposed rule. The FAA uses the best available data when developing and justifying new rules. The FAA recognizes that changes to its data may occur as it is updated and that some data may be inconclusive. For that reason, the FAA encourages the public to comment on the scope of the proposed rule, particularly on the airplanes to be covered by the proposed rule.

Equivalent

Unlike the current TCAS rules, this proposal would allow an equivalent system to be used in lieu of TCAS. However, as explained in the section entitled ''ADS–B Technology'' below, FAA approval would be required. To be considered as an alternative to TCAS, the system must be equivalent to and interoperable with TCAS. The FAA is interested in new technology that could improve safety.

Proposed Requirements for TCAS II, or Equivalent

This proposal would require TCAS II, or an approved equivalent collision avoidance system, on part 121, 125, and 129 turbine-powered airplanes of more than 33,000 pounds MCTOW. In addition, those airplanes would be required to be equipped with a Mode S transponder.

By using the term ''turbine-powered airplane,'' the FAA would exclude piston-powered airplanes from TCAS II requirements, reducing the scope of the current §§ 121.356 and 125.18. The FAA is aware that current §§ 121.356 and 125.18 do not exclude piston-powered airplanes with a passenger seating configuration of more than 30 seats from TCAS II requirements. Several petitioners operating those airplanes requested exemptions from the TCAS II requirements and the FAA denied those requests. Since the 1989 TCAS rule, the FAA has learned that piston-powered airplanes lack the performance necessary to respond to TCAS II resolution advisories. These airplanes (mostly 1940s vintage) generally operate at low altitudes, where airplanes normally have TCAS I, rather than at altitudes, where airplanes normally have TCAS II.

The FAA is aware of piston-powered airplanes operating under part 121 that would be allowed to have less than TCAS II, even though they weigh more than 33,000 pounds MCTOW—the Douglas DC–6 and the Convair CV–240/340/440 series. However, these airplanes may no longer be conducting passenger-carrying operations with more than 30 passenger seats. The FAA believes that some Convairs (e.g., 600-series) converted to turbine engines may still be operating. The FAA specifically requests comments regarding piston-powered airplanes weighing more than 33,000 pounds MCTOW operating under part 121 or 125 and the reduction of scope of this proposed rule on piston-powered airplanes with a passenger seating configuration of more than 30 seats operating under part 121.

Proposed Requirements for TCAS I, or Equivalent

This proposal would require TCAS I or an approved equivalent collision avoidance system on: (1) Turbine-powered airplanes of 33,000 pounds or less MCTOW operated under part 121, 125, or 129; and (2) all piston-powered airplanes, regardless of weight, operated under part 121 or 125. This would capture the remaining part 121 and 125 airplanes not covered under existing TCAS II requirements. Operators would be allowed to equip the affected airplanes with TCAS II, or an equivalent system, in lieu of TCAS I.

Part 129 includes certain piston-powered airplanes that are too small to be operated practically with a collision avoidance system. Such airplanes do not operate at high altitudes or airspeeds. Therefore, TCAS I requirements under part 129 would continue to apply only to turbine-powered airplanes.

This proposal would set forth a new requirement for passenger airplanes operating under part 125 with a passenger seating configuration of 30 seats or less (*i.e.,* 20–30 passenger seats). Unlike parts 121 and 129, part 125 currently does not include TCAS I requirements for those airplanes. The FAA has determined that airplanes of similar weight, performance capability, and operating environment should be equipped with similar collision avoidance systems. The FAA is aware that this proposal for part 125, similar to part 121, may require a collision avoidance system on DC–6s and Convairs. However, consistent with the TCAS I requirements proposed in part 121, turbine-powered airplanes of 33,000 pounds or less MCTOW, and any piston-powered airplane regardless of weight under part 125 would be required to be equipped with TCAS I.

Plain Language in Government Writing

In response to the June 1, 1998, Presidential memorandum regarding the use of plain language, the FAA re-examined the writing style currently used in the development of regulations. The memorandum requires Federal agencies to communicate clearly with the public. You can find more information about the Presidential memorandum and the plain language initiative at http: www.plainlanguage.gov.

The FAA is proposing amendments to §§ 121.356, 125.224, and 129.18 in a table format. The FAA specifically requests comments on whether these proposed amendments are in clear language, and whether the table format is easy for the reader to understand.

Use of ''You'' versus ''Pilot'' or ''Certificate Holder''

Under current §§ 121.356, 125.224, and 129.18, the FAA uses the terms ''person'' and ''certificate holder'' to indicate who the rule applies to. The FAA proposes to standardize this and use the term ''you'' to apply to certificate holders and pilots operating the affected airplanes. Specifically, in part 121, this revision would clarify that the pilots, in addition to the certificate holder, are responsible for ensuring that an airplane meets the appropriate collision avoidance requirements before operating that airplane. Section 91.221(b) of 14 CFR states that ''[e]ach person operating an aircraft equipped with an operable traffic alert and collision avoidance system shall have that system on and operating.'' The FAA would reiterate this responsibility in the proposed collision avoidance rules in parts 121 and 125.

Pilots operating non-U.S.-registered airplanes under part 129 are not required to possess U.S. pilot certificates. Furthermore, foreign air carriers operating under part 129 primarily operate foreign-registered airplanes; therefore, the proposed rule would be applicable only to the foreign air carrier. The term ''you'' would not mean the pilots.

Compliance Schedule

The FAA proposes that operators be required to equip affected airplanes by October 31, 2003. The Wendell H. Ford Aviation Investment and Reform Act (Public Law 106–181) directs the FAA to require collision avoidance equipment by December 31, 2002, and allows a 2-year extension for safety or public interest reasons. ICAO recommended a compliance date of January 1, 2003.

The FAA determined that a compliance date of October 31, 2003, would provide adequate time for air carriers to schedule the installation of TCAS equipment during a major C or D maintenance check. The FAA chose October 31, 2003, to avoid logistical problems that may occur during the holiday season and to ensure air carriers encounter few complications meeting the compliance date. It would not be the FAA's policy to grant exemptions when this rule is final.

Technical Standard Orders (TSOs)

The FAA issued TSO C–119a for production of TCAS II units, which required all manufacturers to use a version of the collision avoidance system logic designated as TCAS II version 6.02. Use of TCAS II version 6.02 revealed many shortcomings. As a result, the FAA issued Airworthiness Directives (ADs) requiring all operators to upgrade their system logic to version 6.04A Enhanced. Operators were required to comply with the ADs by December 31, 1994. Airplanes currently required to have TCAS II are equipped with version 6.04A Enhanced or version 7.0.

TCAS II version 7.0, manufactured under TSO C–119b, contains several enhancements to surveillance performance and changes to the collision avoidance logic software. Some of the more significant changes include: (1) Permitting a reversal of an RA in TCAS–TCAS encounters in which one airplane does not follow its RA, (2) improving performance in multiple airplane encounters, (3) clarifying potentially ambiguous phrases in aural advisories, (4) adding a horizontal miss distance filter to reduce nuisance RAs, and (5) eliminating false/nuisance TAs in RVSM operations.

TSO C–119b also provides the basis for design approval of the system known as Airborne Collision Avoidance System (ACAS II). ACAS II is the International Civil Aviation Authority (ICAO) designation for the collision avoidance system required by many foreign civil aviation authorities. ACAS II is equivalent to TCAS II version 7.0.

Grandfathering

This proposal would not require a retrofit of TCAS II version 7.0 for airplanes already equipped with TCAS II version 6.04A Enhanced before the publication date of this NPRM. Technology changes rapidly and the FAA attempts to balance the application of new technology with its role to promulgate reasonable regulations. The FAA has a responsibility to apply the latest technology, but it must do so without overwhelming certificate holders with equipment retrofits. Although the FAA desires all TCAS II version 6.04A Enhanced units to be replaced with version 7.0, the FAA proposes to allow operators with airplanes equipped with TCAS II version 6.04A Enhanced to continue to operate those airplanes with that system until the TCAS needs replacement (*i.e.,* can no longer meet TSO standards).

Certificate holders electing or required to install TCAS II on their airplanes would have to install TCAS II version 7.0 on airplanes that do not have TCAS II equipment before November 1, 2001. This also would apply to airplanes that are placed on a certificate holder's operations specifications after October 31, 2003.

Certificate holders operating airplanes installed with TCAS II version 6.04A Enhanced before November 1, 2001, would be able to continue to operate those airplanes with that TCAS unit beyond October 31, 2003, until the TCAS unit can no longer be repaired to TSO C–119a standards (version 6.04A Enhanced). At that time, the certificate holder must replace the unit with TCAS II version 7.0. This grandfathering privilege also would apply to those operators that buy, sell, or lease airplanes with existing version 6.04A Enhanced units installed. The FAA expects operators would encounter minimal costs to upgrade existing TCAS II units (version 6.04A Enhanced) to version 7.0. Operators could upgrade many of the existing units with a software change and/or a single chip.

Early Compliance

The FAA is proposing a new paragraph at the end of existing sections 121.356, 125.224, and 129.18, which would apply until the principal revision takes effect November 1, 2003. These new paragraphs apply to all airplanes on which TCAS II is installed for the first time after the publication of the NPRM. These new paragraphs would require that such airplanes be operated with TCAS II, version 7.0. We believe that it would be in the public interest to require that these TCAS units take full advantage of TCAS II, version 7.0. We note that this would require that operators preparing to comply on November 1, 2003, who install TCAS II, in effect would be required to comply early for that airplane when they first operate the airplane with version 7.0 installed. This operational requirement would include fully trained flight crews for that airplane. We specifically invite comments on this part of the proposal.

Training

All-cargo operators with pilots who have never used TCAS and must now comply with any collision avoidance final rule will have to train their pilots on the use of TCAS. Passenger-carrying operators with pilots who have used TCAS all along will need to train their pilots for differences training between version 6.04A Enhanced and version 7.0. While there are differences between the two versions, most differences are not readily discernible to the pilot. The differences that may be discernible

(aural annunciation and display) should be easily understood once pilots are aware of them. Differences training would be required with a minimum of a bulletin to pilots. There are no special markings added by the manufacturer of the TCAS equipment or by the FAA that would make the pilot aware of which version is installed. Airplane operating practices recommended for version 6.04A Enhanced should be continued when operating with version 7.0.

ADS–B Technology

Groups within the aviation industry have urged the FAA and Congress to allow for the development of an alternative collision avoidance system before imposing a requirement that cargo carriers equip their airplanes with TCAS. UPS Aviation Technologies, formerly known as II Morrow, Inc., is developing a technology called Automatic Dependent Surveillance-Broadcast (ADS–B).

ADS–B is intended to support surveillance of aircraft while airborne and on the ground. Surveillance capabilities include primary radar and secondary surveillance radar. Primary radar, a ground-based system, detects actual aircraft location by measuring reflected energy from the target. Secondary surveillance radar, also known as Mode S, interrogates aircraft transponders and determines aircraft location and other information through the reply. ADS–B uses the global positioning system (GPS) and a radio frequency link to broadcast information between aircraft equipped with ADS–B as well as between aircraft and ground-based ADS–B receivers. An aircraft equipped with ADS–B would broadcast its aircraft identification, along with position, velocity, and other time-sensitive surveillance information to other aircraft and would receive the same information from other aircraft. These capabilities are only fully realized when all aircraft in the system have an operating ADS–B system.

ADS–B may have a number of potential surveillance capabilities that may enhance aircrew situational awareness, and provide enhanced surveillance capabilities for ATC where none currently exists (e.g., oceanic airspace and areas not currently under positive control), and may provide a basis for collaborative activities, such as closely spaced parallel approaches. The FAA, UPS Aviation Technologies, ICAO, air cargo operators, manufacturers, and other industry segments have formed a working group referred to as Radio Technical Commission for Aeronautics (RTCA) Special Committee No. 186 (SC–186) to develop standards for ADS–B.

The FAA recognizes that ADS–B is being evaluated as a potential equivalent collision avoidance system to that of TCAS II, and believes that ADS–B technology may be promising as a surveillance tool, providing situational awareness for flight crewmembers. The cockpit display of traffic information also will enhance situational awareness in positive control airspace. However, the FAA believes there are several significant issues that pose challenges to its use as a collision avoidance system and thus its consideration as an equivalent system to TCAS II. Nonetheless, the FAA has structured this proposal to allow the use of ADS–B (or any other future technology) as an alternative to TCAS as long as these challenges are resolved. Any equivalent must be shown to provide the same level of safety and coordinated maneuvers as presently available with TCAS.

The FAA has determined that any equivalent to TCAS II must be interoperable with TCAS II. While ADS–B may provide an opportunity for early detection of traffic, ADS–B has not been developed to provide RAs or to perform coordinated maneuvers with the many TCAS- and transponder-equipped aircraft in the NAS. The current proposed version of ADS–B operates only with ADS–B-equipped airplanes and ground-based ADS–B receivers; whereas, TCAS II-equipped airplanes are afforded collision avoidance protection from other TCAS II- and all transponder-equipped airplanes. ADS–B will allow like-equipped airplanes to be displayed at considerable ranges, although only an airplane equipped with ADS–B will be able to detect another airplane equipped with ADS–B. Considering the worldwide magnitude of TCAS installations and projected increase in TCAS II/ACAS II installations to meet international requirements, a system that is not interoperable with TCAS would require significant costs for the high levels of equipage to realize the safety benefits equivalent to TCAS. For the FAA to accept ADS–B as an alternative to TCAS II, those wishing to make the case for ADS–B before the FAA must fully resolve these issues before the FAA will consider such a proposal.

Airplanes that may be equipped with ADS–B and TCAS II would assign priority to TCAS II as the collision avoidance system of last resort, with ADS–B as part of an airborne surveillance system. The FAA is concerned about the possible display of traffic from multiple sources such as TCAS II, ADS–B, and Traffic Information Services (TIS). How it is to be displayed and how the data may or may not be fused together into the display are but some of the issues that must be resolved when multiple traffic information is displayed to the flight crew. The problems related to data fusion and the fact that this data may come from avionics certified to different levels may be difficult to resolve. Those wishing to introduce multiple sources of data into the cockpit have the burden of resolving those issues to the satisfaction of the FAA. The FAA currently approves ADS–B for VFR-only flight in a non-radar environment.

The FAA has relied upon independent communication, navigation, and surveillance (CNS) capabilities for decades to provide safety in the NAS. The FAA recognizes that these are not the only components contributing to safety; however, independence of CNS capabilities allows a pilot to complete a flight safely to a destination even with the loss of any one of the airplane's CNS components. For example, with the loss of surveillance, whether it is primary radar or secondary surveillance radar, a pilot can still navigate and report the airplane's position through communications with ATC. This independence is compromised in a system where navigation and surveillance functions are tied to a single system. ADS–B relies on output from on-board navigation systems for position information. This navigation information provides a dependent surveillance system. A failure in the navigation system, whether on-board the airplane or a broader systemic failure, would result in simultaneous loss of navigation capability and the surveillance function (situational awareness).

Today, TCAS II functions independently from ground-based communication, navigation, and surveillance systems. TCAS II provides its own accuracy and is designed to provide collision avoidance in the event of a mechanical or human operational failure. ADS–B functioning as the method of primary ATC and as a replacement for TCAS II creates a scenario whereby a failure in ADS–B could affect the primary and backup means of separation. Any use of ADS–B as a replacement to TCAS II must be able to address this independence issue and demonstrate other acceptable methods of achieving this redundancy.

The international aviation community also has expressed concern about the potential use of ADS–B data for

collision avoidance. The ICAO Secondary Surveillance Radar Improvements and Collision Avoidance Systems Panel/Working Group 2 (SICASP/WG2) forwarded a position paper to RTCA–SC186 on July 31, 1997, on the use of ADS–B data for collision avoidance. The SICASP is responsible to the ICAO Air Navigation Commission for developing and reviewing proposals for operational technical procedures of airborne separation assurance systems, as well as drafting ICAO Standards and Recommended Practices (SARPs) relating to airborne collision avoidance systems and SSR improvements.

The SICASP/WG2 argues that ACAS II (TCAS II version 7.0) is a last resort safety function. Its purpose is to prevent collision when other means of separation assurance have failed. Therefore, it must be independent of those other means of separation assurance because a risk of collision implies a failure in the other means of separation assurance.

SICASP/WG2 states that ADS–B is expected to broadcast an aircraft's navigation data, and that separation assurance could use such navigation data. They further argue that this, however, increases the need for collision avoidance to provide protection that is independent of ADS–B. Where any proposed collision avoidance function is based on ADS–B data, it must be proved that the data and the overall design provide sufficient integrity, reliability and availability, bearing in mind the elements common to separation assurance and collision avoidance.

SICASP/WG2 states that it believes ADS–B can be used to improve ACAS II provided such use does not undermine the present degree of ACAS II independence. The working group states that any new collision avoidance system based on ADS–B would need to:

(i) Have the other aircraft fitted with some component (*e.g.,* ADS–B);

(ii) Coordinate resolution advisories when both aircraft in an encounter are equipped with ADS–B;

(iii) Coordinate with the existing ACAS II; and

(iv) Be demonstrated to meet all the performance requirements of ACAS II.

Any proposals to provide ADS–B as a replacement to TCAS II must address the above issues raised by ICAO to the satisfaction of ICAO.

The FAA will continue to support the development of ADS–B and any other technology that has the potential to improve the collision risk reduction, which currently is provided by TCAS II. ADS–B technology is still in a development phase and many of the technical standards for ADS–B have not been developed in the United States or internationally. It is not known when this technology will be fully developed or available to the industry; therefore, its potential is also unknown. Furthermore, the global mandates for TCAS II, NAS modernization and future changes in operations (e.g., Free Flight) provide the impetus for a strong fundamental system that will allow for changes to take place in a manner that does not compromise safety.

In summary, any alternatives to TCAS II deemed to be potential equivalents must demonstrate performance of the same functions and provide interoperability with TCAS II to function in an NAS environment that will exist for many years to come. The FAA believes that TCAS II features such as automated TAs, RAs, and coordinated maneuvers with other TCAS II-equipped airplanes are essential to any collision avoidance system of the future. Also critical is the need to have the largest practicable population of airplanes in the local sky available to the collision avoidance system so that the maximum amount of protection can be provided. While the FAA today believes that TCAS II may be the only system that can meet these safety criteria, it is willing to support any other systems that meet those same safety criteria. The FAA has always been open to innovative solutions to safety.

Related Activity

Other Countries Requiring Collision Avoidance Systems

Some countries already require, and several countries are moving toward mandating, the installation and use of collision avoidance systems. The Eurocontrol Airborne Collision Avoidance System Policy Task Force completed a policy, which specifies that ACAS II be required for airplanes operating in certain European airspace effective January 1, 2000. The policy requires implementation of ACAS II by all air carriers operating airplanes with more than 30 passenger seats, or weighing more than 15,000 kilograms (33,000 pounds). This policy also requires cargo airplanes to be equipped with ACAS II (TCAS II version 7.0) and applies to any operator entering Eurocontrol-member countries.

Also, France, Germany, and the United Kingdom have issued regulations implementing this policy with the provision that a petitioner may request relief from the rule until March 31, 2001, only if ACAS II equipment is unavailable.

In addition, the Japanese Government recently mandated TCAS operation within its airspace effective January 1, 2001, for all Japanese-registered airplanes with more than 30 passenger seats, or weighing more than 15,000 kilograms. Equipage of other airplanes desiring to fly in Japanese airspace will be achieved through regional agreements.

India mandated TCAS II for all airplanes operating in Indian airspace on January 1, 1999, and Australia has issued regulations requiring TCAS II equipage on airplanes operating in Australian airspace no later than January 1, 2000. Canada currently has rulemaking in progress that contains provisions for installation of TCAS on passenger and cargo airplanes.

TCAS II Version 7.0 for RVSM Operations

The FAA is beginning to plan implementation of Reduced Vertical Separation Minimum (RVSM) operations in U.S. domestic airspace and has considered a preliminary target year of 2004–2005. After a detailed review of implementation costs, benefits and tasks, the FAA will coordinate a firm implementation date with the user community. Federal regulations and ICAO documents base RVSM approval on stringent criteria for altimetry system error, automatic altitude-keeping, altitude alert, and transponders.

RVSM has an effect on TCAS II requirements. The FAA anticipates that when RVSM is implemented in U.S. domestic airspace, those airplanes that are required to be equipped with TCAS II will be required to upgrade to TCAS II version 7.0, as amended. In oceanic RVSM operations, TCAS II version 6.04A Enhanced has produced unwarranted TAs and, in some slow overtake situations, has produced multiple nuisance TAs. The FAA does not believe this situation will be acceptable in the high-density air traffic environment of domestic RVSM operations in the United States. Further, the FAA also is recommending version 7.0 modification for RVSM operations in oceanic airspace, in the interest of global mandates for TCAS II version 7.0.

Reference Material

Estimating Potential Risk Reduction Associated With TCAS II Equipage of Cargo Airplanes

MITRE Corporation analyzed the relative risk reduction resulting from TCAS II equipage of cargo airplanes. MITRE sampled 14 terminal areas that exhibit significant air cargo activity, but that also include diverse traffic types.

Using flight data from each terminal area, MITRE estimated the frequency of encounters between airplanes in different operational categories (cargo, passenger, and general aviation).

By combining the estimates of encounter frequencies with risk reduction factors for TCAS II version 7.0, MITRE (1) compared the risk of a midair collision in a pre-TCAS environment to that existing with equipage of TCAS on passenger airplanes; and (2) estimated the potential risk reduction with TCAS II equipage of cargo airplanes. MITRE based its safety data for the report only on TCAS II version 7.0. The difference between the risk reduction factors of TCAS II version 7.0 and version 6.04A Enhanced is nonconsequential; therefore, the FAA has determined that the findings in this report are applicable to TCAS II version 6.04A Enhanced.

MITRE estimated that installing TCAS II on passenger airplanes has led to an overall 90-percent reduction in the risk of a midair collision for all airplane types, including cargo airplanes. If cargo airplanes were equipped with TCAS II, the remaining 10-percent reduction of risk of a midair collision could be further reduced by another 3 percent. MITRE estimated that the risk reduction to cargo airplanes alone would be significant. A copy of MITRE's report is in the docket.

Paperwork Reduction Act

Information collection requirements in the proposed amendment to parts 121, 125, and 129 previously have been approved by the Office of Management and Budget (OMB) under the provisions of the Paperwork Reduction Act of 1995 (44 U.S.C. 3507(d)) and have been assigned OMB control No. 2120–0008. The potential paperwork burden is any recordkeeping required to maintain the list of those pilots who have completed training and are certified as to their proficiency on the collision avoidance system operation. These recordkeeping requirements already are covered under the Paperwork Reduction Report entitled ''Operating Requirements; Domestic, Flag, and Supplemental Operations.''

Compatibility With ICAO Standards

International Standards and Recommended Practices (SARPs), Annex 6 to the Convention on International Civil Aviation, Part I, seventh edition, July 1998 has the following four recommendations addressing collision avoidance systems:

6.18 Aeroplanes Required To Be Equipped With an Airborne Collision Avoidance System (ACAS II)

6.18.1 From 1 January 2003, all turbine-engined aeroplanes of a maximum certificated take-off mass in excess of 15,000 kg. or authorized to carry more than 30 passengers shall be equipped with an airborne collision avoidance system (ACAS II).

6.18.2 From 1 January 2005, all turbine-engined aeroplanes of a maximum certificated take-off mass in excess of 5,700 kg. or authorized to carry more than 19 passengers shall be equipped with an airborne collision avoidance system (ACAS II).

6.18.3 Recommendation.—All aeroplanes should be equipped with an airborne collision avoidance system (ACAS II).

6.18.4 An airborne collision avoidance system shall operate in accordance with the relevant provisions of Annex 10, Volume IV.

FAA Discussion of ICAO SARPs

In keeping with U.S. obligations under the Convention on International Civil Aviation, it is FAA policy to comply with ICAO SARPs to the maximum extent practicable. If this NPRM is adopted unchanged with respect to the ICAO SARPs, the FAA intends to file a difference with ICAO. The FAA has reviewed the corresponding ICAO SARPs and has identified the following differences with these proposed regulations.

The FAA believes that ICAO should actively encourage the use of ACAS II and agrees in principle with the SARPs. However, the FAA is concerned that some aspects of the SARPs may be unrealistic. ACAS II is appropriate for large, transport category airliners, which have been successfully using the equivalent (TCAS II) in the United States for several years. However, some small airplanes lack the performance capability to respond to RAs provided by ACAS II (TCAS II version 7.0) and therefore would receive no benefit from the recommendation. The FAA believes that this NPRM provides a reasonable alternative for those airplanes for which ACAS II would be inappropriate. The FAA has considered the aerodynamic capability of certain airplanes and does not agree that ACAS II/TCAS II is the appropriate level for airplanes with 10–30 passenger seats. The FAA currently mandates TCAS I for those airplanes and has done so for more than 10 years. Many of the 10–30 passenger-seat airplanes currently using TCAS I weigh less than 5,700 kilograms (12,500 pounds). The FAA also has considered the cost of installing equipment that cannot be fully utilized by certain airplanes. The FAA notes, however, that this proposal partially exceeds ICAO SARPs in that the FAA also requires TCAS equipage for those airplanes with a passenger seating configuration of 10–30 seats, instead of 19–30 seats.

The FAA fully desires that all TCAS II/ACAS II users have the latest version (version 7.0) and the FAA believes that TCAS II version 7.0 has additional benefits. However, many airplanes currently required to have TCAS II have had version 6.04A Enhanced installed for several years. As described in the section entitled ''Grandfathering,'' an alternative proposed in this NPRM is to allow airplanes that already are equipped with TCAS II version 6.04A Enhanced to continue using that version until those particular units can no longer be repaired to TSO C–119a standards. Air carriers that are subject to a TCAS II mandate for the first time must equip their applicable airplanes with TCAS II version 7.0. Eventually, airplanes operating under parts 121, 125, and 129 that are required to have TCAS II would be required to be equipped with TCAS II version 7.0 by virtue of the fact that version 6.04A Enhanced units will need replacement in the future.

Economic Evaluation, Regulatory Flexibility Determination, International Trade Impact Assessment, and Unfunded Mandates Assessment

Proposed changes to Federal regulations must undergo several economic analyses. First, Executive Order 12866 directs that each Federal agency shall propose or adopt a regulation only upon a reasoned determination that the benefits of the intended regulation justify its costs. Second, the Regulatory Flexibility Act of 1980 requires agencies to analyze the economic impact of regulatory changes on small entities. Third, the Trade Agreements Act (19 U.S.C. 2531–2533) prohibits agencies from setting standards that create unnecessary obstacles to the foreign commerce of the United States. In developing U.S. standards, this Trade Act also requires the consideration of international standards and, where appropriate, that they be the basis of U.S. standards. And fourth, the Unfunded Mandates Reform Act of 1995 (Pub.L. 104–4) requires agencies to prepare a written assessment of the costs, benefits, and other effects of proposed or final rules that include a Federal mandate likely to result in the expenditure by State, local, or tribal

governments, in the aggregate, or by the private sector, of $100 million or more annually (adjusted for inflation).

In conducting these analyses the FAA has determined that this proposed rule: (1) Has benefits that justify its costs; is ''a significant regulatory action,'' as defined in Executive Order 12866; and is ''significant,'' as defined in the Department of Transportation's regulatory policies and procedures (44 FR 11034, February 26, 1979); (2) would have a significant impact on a substantial number of small entities; (3) would not constitute a barrier to international trade; and (4) would not impose an unfunded mandate on State, local, or tribal governments, or the private sector. These analyses are available in the docket and are summarized below. The FAA invites the public to provide comments and supporting data on the assumptions made in this evaluation. All comments received will be considered in any final regulatory evaluation.

Introduction

This regulatory evaluation examines the economic impacts of a notice of proposed rulemaking to require part 121, 125, and 129 operators to install and use certain collision avoidance systems (CAS) by October 31, 2003. Part 121, part 125, and part 129 passenger airplanes must currently comply with the existing TCAS requirements, which are based, in part, on passenger-seating configuration. The proposed rule extends the collision avoidance system requirements to part 121, part 125, and part 129 all-cargo airplane operations, and to part 125 operators of passenger airplanes configured with 20–30 seats. However, the FAA is not aware of any part 125 operators that conduct passenger service with airplanes with 20–30 passenger seats that would be affected by this rule.

Benefits

The expected benefit of this rule is a reduction in the risk of midair collisions involving at least one cargo airplane. The risk of midair collisions for the potentially affected operators is very small, not one has occurred since the issuance of ''Traffic Alert and Collision Avoidance System; Final Rule'' (54 FR 940, January 10, 1989) requiring TCAS on passenger air carrier airplanes. However, the risk of midair collision involving cargo airplanes is real and such a collision could involve a passenger airplane.

The FAA performed a risk assessment in order to approximate the risk reduction that would be provided by this proposed rule. This assessment approximated that there would be a 40 percent chance of at least one Mid-Air Collision (MAC) involving a cargo airplane in U.S. airspace during the next 20 years. This proposed rule would reduce that risk to approximately one percent.

It is estimated that cargo airplanes could experience a reduction in their MAC risk by about 94 percent as compared to the current risk by installing TCAS II.

In addition, if this proposed rule is implemented, it is estimated that passenger airplanes would experience approximately a 17-percent risk reduction, as compared to the present risk.

Costs

Operators of existing all-cargo airplanes that have not been equipped with TCAS and newly manufactured all-cargo airplanes would incur the cost of the proposed rule. Over a 20-year horizon, the present value total cost of the proposed rule is projected to be $176 million. This cost does not include the cost of air carriers that have voluntarily equipped their fleets with TCAS or the costs of airplanes that have been equipped with TCAS because TCAS is required by a foreign government.

The proposed rule would require the installation of TCAS II, or equivalent, only on turbine-powered all-cargo airplanes of more than 33,000 pounds MCTOW (Maximum Certificated Takeoff Weight) which are operated by part 121, 125 or 129 operators. The proposed rule would also require the installation of TCAS I, or equivalent, on other all-cargo airplanes operated by part 121and 125 operators. In general, this would include turbine-powered cargo airplanes of 33,000 pounds or less MCTOW and all piston-powered cargo airplanes regardless of weight.

TCAS II, Part 121 Costs

The three TCAS II manufacturers reported that the average cost of TCAS II elements, as described above, for a transport category cargo airplane is between $130,000 and $200,000. One company indicated that if purchased in quantity, the cost of a TCAS II system would be between $80,000 to $145,000 per airplane. The manufacturers also estimated that it would cost between $50,000 and $70,000 (depending upon the specific airplane model) to install a TCAS II unit on an existing airplane. This results in a possible range of prices for a TCAS II system installed in an existing airplane of $130,000 to $270,000 or an average of $200,000. The actual price would depend on a number of factors including: the type of unit installed, the number of units ordered, whether or not it was necessary to include a display unit in the purchase price, etc. Some airplanes may not need a separate TCAS display unit because the TCAS information can be displayed on an airplane's existing EFIS (Electronic Flight Information Display System).

Based on these reported costs, for cost calculating purposes, the FAA used $211,000 for the initial costs of installing a TCAS II system into an existing airplane. This figure is estimated to include the necessary spare parts inventory.

The three TCAS II manufacturers reported that the TCAS II element costs would be identical for new and for existing airplanes. The FAA estimates that the initial (equipment plus installation) cost per newly manufactured cargo airplane would be $171,000.

In addition to the initial costs of the TCAS II units, the air carriers would also incur annual O&M expenses. The FAA estimates that the annual O&M expenses for TCAS II units to be $1 per flight hour. Based on an estimated utilization rate of 2,000 hours per airplane per year, and the fleet flight hours estimated in Tables VI–1 and VI–2, the FAA estimates that the total non-discounted O&M expenses for the existing fleet would be approximately $16,000,000 and $6,000,000 for the newly manufactured fleet.

The FAA estimates that the incremental fuel costs resulting in the weight added by the TCAS II System would be approximately $0.36 per flight hour. This results in a total non-discounted incremental fuel cost of approximately $6,000,000 for the existing fleet and $2,000,000 for the newly manufactured fleet.

The FAA estimates that the cost of pilot training would be approximately 0.05 times the cost of the TCAS unit itself. This results in a training cost of approximately $7,000 per unit per year. The total non-discounted cost of pilot training, for the 20 year analysis period, is estimated to be approximately $57,000,000 for the existing fleet and $22,000,000 for newly manufactured cargo airplanes.

The FAA has estimated that the total undiscounted TCAS II costs of the proposed rule, for the existing fleet during the 20 year analysis period, would be approximately $166,000,000 and that the discounted present value of the total costs of the proposed rule, for the existing fleet over the next 20 years, would be approximately $117,000,000.

The FAA has estimated that the total undiscounted TCAS II costs of the proposed rule, for the newly manufactured fleet during the 20-year analysis period, would be approximately $82,000,000 and that the discounted present value of the total costs of the proposed rule, for the newly manufactured fleet over the next 20 years, would be approximately $40,000,000.

The FAA has estimated that the total undiscounted costs of the proposed rule during the 20 year analysis period would be approximately $248,000,000 and the discounted present value of the total costs of the proposed rule over the next 20 years would be approximately $157,000,000.

TCAS I, Part 121 Costs

The FAA estimates that the undiscounted costs of retrofitting the existing all-cargo fleet with TCAS I would be about $7,000,000.

The FAA estimates that the total non-discounted Operating & Maintenance (O&M) expenses for the existing fleet would be approximately $4,000,000.

The FAA estimates that the total non-discounted incremental fuel cost is approximately $1,000,000 for the existing fleet.

The FAA estimates that the total non-discounted incremental pilot training cost is approximately $7,000,000 for the existing fleet. The FAA estimates that the total undiscounted TCAS I costs of the proposed rule, for the existing fleet during the 20-year analysis period, would be approximately $19,000,000 and that the discounted present value of the total costs of the proposed rule, for the existing fleet over the next 20 years, would be approximately $13,000,000.

The FAA estimates that the total undiscounted costs of the proposed TCAS rules for the part 121 all-cargo fleet during the 20-year analysis period would be approximately $268,000,000 and the discounted present value of the total costs of the proposed rule over the next 20 years would be approximately $169,000,000.

TCAS II, Part 125 Costs

The FAA estimates that the total undiscounted costs of installing TCAS II units on the existing part 125 Commercial Operator Fleet are approximately $4,000,000. The corresponding discounted amount is estimated to be approximately $2,800,000.

It is anticipated that the existing part 125 Commercial Operator Fleet that would require TCAS II installation as a result of this proposed rule would remain at about its current size. Therefore, no forecast of newly manufactured airplanes is provided.

TCAS I, Part 125 Costs

The FAA estimates that the total undiscounted costs of installing TCAS I units on the existing part 125 Commercial Operator Fleet is approximately $6,200,000. The corresponding discounted amount is estimated to be approximately $4,000,000 million.

It is anticipated that the existing part 125 Commercial Operator Fleet that would require TCAS I installation as a result of this proposed rule would remain at about its current size. Therefore, no forecast of newly manufactured airplanes is provided.

The total estimated costs of TCAS II and TCAS I installations on part 125 commercial operators, as a result of this proposed rule, are estimated to be approximately $10,100,000. The corresponding discounted costs are estimated to be approximately $6,800,000.

Total Incremental Costs of the Proposed Rule

The total estimated non-discounted costs of TCAS II and TCAS I installations on part 121 all-cargo airplanes and part 125 commercial operators that would be required as a result of this proposed rulemaking are estimated to be $278,000,000 over the next 20 years. The corresponding discounted costs are estimated to be approximately $176,000,000.

The costs in this regulatory evaluation are the costs of TCAS II or I, as appropriate, because these are the only collision avoidance systems currently approved by the FAA. However, the proposal would allow for a system equivalent to TCAS II or I to be used. Because no equivalent system currently exists, cost estimates cannot be made for them. However, in a competitive market, should equivalent systems be developed, they should cost no more than the currently available equipment.

Benefit Cost Comparison

A midair collision involving a cargo airplane could result in accident values from under $10 million to potentially hundreds of millions of dollars. In the least costly case, a cargo airplane could have a midair collision with a general aviation airplane with no collateral damage. A collision with a passenger airplane, with no collateral damage, can result in costs in excess of $300 million. In the event of midair collisions over Los Angeles, San Diego, and other metropolitan areas, significant collateral damage can easily exceed hundreds of millions of dollars. In its risk analysis, prepared for the FAA, MITRE estimated that slightly more than 50 percent of all midair collisions are expected to occur over the suburbs or cities.

A recent incident over mainland China illustrates the potential costs of midair collisions. On June 28, 1999, a British Airways (BA) B–747 carrying 400 passengers to Hong Kong came within 200 meters of a Korean Air B–747 freighter. The BA aircraft received a TCAS Resolution Advisory (RA), the flight crew responded to it, and a collision was avoided. With over 400 people onboard these two airplanes, the estimated dollar loss of such an accident exceeds a billion dollars. This proposed rule is estimated to reduce the risk of a cargo and passenger midair collision by 17 percent. In the United States a DC–10 and L–1011 All-Cargo Airplanes nearly collided in March, 1999.

The FAA believes the above approximated reduction in the very real risk of midair collisions justifies the $176 million present value cost of this rulemaking.

Initial Regulatory Flexibility Determination

The Regulatory Flexibility Act of 1980 (RFA) establishes ''as a principle of regulatory issuance that agencies shall endeavor, consistent with the objective of the rule and of applicable statutes, to fit regulatory and informational requirements to the scale of the business, organizations, and governmental jurisdictions subject to regulation.'' To achieve that principle, the RFA requires agencies to solicit and consider flexible regulatory proposals and to explain the rationale for their actions. The RFA covers a wide range of small entities, including small businesses, not-for-profit organizations and small governmental jurisdictions.

Agencies must perform a review to determine whether a proposed or final rule will have a significant economic impact on a substantial number of small entities. If the determination is that it will, the agency must prepare a regulatory flexibility analysis as described in the RFA.

However, if an agency determines that a proposed or final rule is not expected to have a significant economic impact on a substantial number of small entities, section 605(b) of the RFA provides that the head of the agency may so certify and a regulatory flexibility analysis is not required. The certification must include a statement providing the factual basis for this determination, and the reasoning should be clear.

Under the RFA, the FAA must determine whether or not a proposed rule significantly affects a substantial number of small entities. This determination is typically based on small entity size and cost thresholds that vary depending on the affected industry. The FAA has conducted the required review and determined that this proposed rule would have a significant impact on a substantial number of small entities. Accordingly, a regulatory analysis was conducted as required by the RFA, and is summarized in this section.

Entities potentially affected by the proposed rule include: scheduled air transportation carriers, air courier services, and nonscheduled air transportation carriers. The FAA used SBA criteria of 1,500 employees or less per firm as the criteria for the determination of a small business.

The FAA estimates that 59 part 121 firms would be affected by the proposed rule. By the SBA criteria, 34 of these firms are small businesses. The FAA estimates that 22 part 125 firms would be affected by the proposed rule. All of these 22 firms are small businesses, under the SBA criteria. In all there are a total of 56 small businesses that would be affected by the proposed rule. Financial information was available for 39 of these firms.

The FAA estimated the impact on small entities in two steps. First, the FAA used a compliance cost per airplane multiplied by the operator's fleet size to obtain the estimated 1-year cost of this rulemaking for each operator. Then the FAA calculated an affordability measure by dividing this cost by the operator's 1998 (parent company) revenues. As 2 percent is often less than the annual rate-of-inflation, the FAA believes that a compliance cost of 2 percent or less is affordable.

Of the 39 firms considered to be small, and for which information was available, nearly 40 percent are estimated to have costs less than 2 percent of annual revenue. For these firms the FAA believes compliance is affordable. For the remaining 60 percent of the firms with annual costs greater than 2 percent, and perhaps for firms where financial data was not available, the impact of this proposed rule ranges from affordable to significantly negative. No impact is likely for some part 125 operators, as those firms may choose not to operate for hire. By part 125 regulation, these firms already can not solicit business.

Nearly all of the firms considered to be small entities and with an affordability measure greater than 2 percent appear to operate in markets with little or no competition. These markets require very specialized service such as remote air delivery service. Of the 18 part 121 (Group 2 operators—part 121 all-cargo air carriers operating turbine-powered airplanes of 33,000 pounds or less MCTOW and piston-powered airplanes regardless of weight) only 2 were headquartered in the same city and most were located in remote locations. All of the part 125 operators, by regulation, provide non-competitive services. Part 125 operators are restricted from offering for-hire services to the public, such as advertising or marketing. To provide for-hire services, these operators must, in effect, have the customer find them. Thus in terms of competition, this rulemaking is expected to have a minimal competitive impact.

Relative to larger air cargo operators, smaller air cargo operators are likely to be disproportionately impacted by this rulemaking. Large cargo air carriers are expected to incur costs, which are a relatively smaller percentage of annual revenue, than those of the smaller cargo air carriers.

Slightly more than 20 firms have compliance costs greater than two percent of their annual revenue. Four part 121 or 125 operators have compliance costs exceeding 10%, but less than 20 percent of their annual revenue. One or more of these firms could potentially face a business closure due to this proposed rulemaking. The FAA does not have sufficient information to provide a more refined estimate of the potential business closures. The FAA has attempted to mitigate the impacts on these firms by considering alternatives, such as extending the compliance deadline for small entities. Alternatives are limited because this rule is basically required by statute. The alternatives are discussed in the full initial regulatory evaluation associated with this rule.

International Trade Impact Assessment

The Trade Agreement Act of 1979 prohibits Federal agencies from engaging in any standards or related activity that create unnecessary obstacles to the foreign commerce of the United States. Legitimate domestic objectives, such as safety, are not considered unnecessary obstacles. The statute also requires consideration of international standards and, where appropriate, that they be the basis for U.S. standards.

In accordance with the above statute, the FAA has assessed the potential effect of this proposed rule and has determined that it would have minimal affect on trade-sensitive activities. The proposed rule could affect foreign-owned airplanes operated in the United States under part 129. However, the FAA has determined that this proposed rule would have a minimal impact on international trade because all air-cargo airplanes operating internationally are already, or will very shortly, be required by many foreign governments to be equipped with TCAS II, or its equivalent, by rules requiring its use in other airspaces, such as Eurocontrol's airspace.

Unfunded Mandates Reform Act

The Unfunded Mandates Reform Act of 1995 (2 U.S.C. 1532–1538) is intended, among other things, to curb the practice of imposing unfunded Federal mandates on State, local and tribal governments. It requires each Federal agency to prepare a written statement assessing the effects of any Federal mandate in a proposed or final agency rule that may result in a $100 million or more expenditure (adjusted annually for inflation) in any 1 year by State, local, and tribal governments, in the aggregate, or by the private sector; such a mandate is deemed to be a ''significant regulatory action.''

This proposed rule does not contain a Federal intergovernmental or private sector mandate that exceeds $100 million in any 1 year. Therefore, the requirements of the Unfunded Mandates Reform Act of 1995 do not apply.

Executive Order 13132, Federalism

The FAA has analyzed this proposed rule under the principles and criteria of Executive Order 13132, Federalism. We determined that this action would not have a substantial direct effect on the States, on the relationship between the national Government and the States, or on the distribution of power and responsibilities among the various levels of government. Therefore, we determined that this notice of proposed rulemaking would not have federalism implications.

Environmental Analysis

FAA Order 1050.1D defines FAA actions that may be categorically excluded from preparation of a National Environmental Policy Act (NEPA) environmental assessment or environmental impact statement. In accordance with FAA Order 1050.1D, this proposed action qualifies for a categorical exclusion.

Energy Impact

The energy impact of the notice has been assessed in accordance with the Energy Policy and Conservation Act

(EPCA) Public Law 94–163, as amended (42 U.S.C. 6362) and FAA Order 1053.1. It has been determined that the proposed rule is not a major regulatory action under the provisions of the EPCA.

List of Subjects

14 CFR Part 121

Air carriers, Aircraft, Airmen, Aviation safety, Charter flights, Reporting and recordkeeping requirements, Safety, Transportation.

List of Subjects

14 CFR Part 125

Aircraft, Airmen, Aviation safety, Reporting and recordkeeping requirements.

List of Subjects

14 CFR Part 129

Air carriers, Aircraft, Aviation safety, Reporting and recordkeeping requirements, Security measures.

The Proposed Amendment

In consideration of the foregoing, the Federal Aviation Administration proposes to amend parts 121, 125, and 129 of Title 14, Code of Federal Regulations as follows:

PART 121—OPERATING REQUIREMENTS: DOMESTIC, FLAG, AND SUPPLEMENTAL OPERATIONS

1. The authority citation for part 121 continues to read as follows:

Authority: 49 U.S.C. 106(g), 40113, 40119, 41706, 44101, 44701–44702, 44705, 44709–44711, 44713, 44716–44717, 44722, 44901, 44903–44904, 44912, 46105.

2. In § 121.356, revise the section heading and add paragraph (d) to read as follows, effective on the date of publication of the final rule in the **Federal Register:**

§ 121.356 Collision avoidance system.

* * * * *

(d) If TCAS II is installed in an airplane for the first time between December 3, 2001 and October 31, 2003, you must operate that airplane with a TCAS II that meets TSO C–119b (version 7.0), or a later version.

3. Section 121.356 would be revised, effective November 1, 2003, to read as follows:

§ 121.356 Collision avoidance system.

Effective November 1, 2003, any airplane you operate under this part must be equipped and operated according to the following table:

AIRPLANE CRITERIA AND REQUIRED COLLISION AVOIDANCE EQUIPMENT

After October 31, 2003, if you operate any* * *	then you must operate that airplane with* * *
(a) Turbine-powered airplane of more than 33,000 pounds maximum certificated takeoff weight.	(1) A Mode S transponder that meets Technical Standard Order (TSO) C–112, or a later version, and one of the following approved units— (i) TCAS II that meets TSO C–119b (version 7.0), or a later version. (ii) TCAS II that meets TSO C–119a (version 6.04A Enhanced) that was installed in that airplane before November 1, 2001. If that TCAS II version 6.04A Enhanced no longer can be repaired to TSO C–119a standards, it must be replaced with a TCAS II that meets TSO C–119b (version 7.0), or a later version. (iii) A collision avoidance system equivalent to TSO C–119b (version 7.0), or a later version, capable of coordinating with units that meet TSO C–119a (version 6.04A Enhanced), or a later version.
(b) Turbine-powered airplane of 33,000 pounds or less maximum certificated takeoff weight.	(1) TCAS II that meets TSO C–119b (version 7.0), or a later version. (2) TCAS II that meets TSO C–119a (version 6.04A Enhanced) that was installed in that airplane before November 1, 2001. If that TCAS II version 6.04A Enhanced no longer can be repaired to TSO C–119a standards, it must be replaced with a TCAS II that meets TSO C–119b (version 7.0), or a later version. (3) A collision avoidance system equivalent to TSO C–119b (version 7.0), or a later version, capable of coordinating with units that meet TSO C–119a (version 6.04A Enhanced), or a later version. (4) TCAS I that meets TSO C–118, or a later version. (5) A collision avoidance system equivalent to TSO C–118, or a later version.
(c) Piston-powered airplane, regardless of weight	(1) TCAS II that meets TSO C–119b (version 7.0), or a later version. (2) TCAS II that meets TSO C–119a (version 6.04A Enhanced) that was installed in that airplane before November 1, 2001. If that TCAS II version 6.04A Enhanced no longer can be repaired to TSO C–119a standards, it must be replaced with a TCAS II that meets TSO C–119b (version 7.0), or a later version. (3) A collision avoidance system equivalent to TSO C–119b (version 7.0), or a later version, capable of coordinating with units that meet TSO C–119a (version 6.04A Enhanced), or a later version. (4) TCAS I that meets TSO C–118, or a later version. (5) A collision avoidance system equivalent to TSO C–118, or a later version.

PART 125—CERTIFICATION AND OPERATIONS: AIRPLANES HAVING A SEATING CAPACITY OF 20 OR MORE PASSENGERS OR A MAXIMUM PAYLOAD CAPACITY OF 6,000 POUNDS OR MORE; AND RULES GOVERNING PERSONS ON BOARD SUCH AIRCRAFT

4. The authority citation for part 125 continues to read as follows:

Authority: 49 U.S.C. 106(g), 40113, 44701–44702, 44705, 44710–44711, 44713, 44716–44717, 44722.

5. In § 125.224, revise the section heading and add paragraph (c) to read as follows, effective on the date of publication of the final rule in the **Federal Register:**

§ 125.224 Collision avoidance system.

* * * * *

(c) If TCAS II is installed in an airplane for the first time between December 3, 2001 and October 31, 2003, you must operate that airplane with a TCAS II that meets TSO C–119b (version 7.0), or a later version.

6. Section 125.224 would be revised, effective November 1, 2003, to read as follows:

§ 125.224 Collision avoidance system.

Effective November 1, 2003, any airplane you operate under this part 125 must be equipped and operated according to the following table:

AIRPLANE CRITERIA AND REQUIRED COLLISION AVOIDANCE EQUIPMENT

After October 31, 2003, if you operate any* * *	then you must operate that airplane with* * *
(a) Turbine-powered airplane of more than 33,000 pounds maximum certificated takeoff weight.	(1) A Mode S transponder that meets Technical Standard Order (TSO) C–112, or a later version, and one of the following approved units— (i) TCAS II that meets TSO C–119b (version 7.0), or a later version. (ii) TCAS II that meets TSO C–119a (version 6.04A Enhanced) that was installed in that airplane before November 1, 2001. If that TCAS II version 6.04A Enhanced no longer can be repaired to TSO C–119a standards, it must be replaced with a TCAS II that meets TSO C–119b (version 7.0), or a later version. (iii) A collision avoidance system equivalent to TSO C–119b (version 7.0), or a later version, capable of coordinating with units that meet TSO C–119a (version 6.04A Enhanced), or a later version.
(b) Turbine-powered airplane of 33,000 pounds or less maximum certificated takeoff weight.	(1) TCAS II that meets TSO C–119b (version 7.0), or a later version. (2) TCAS II that meets TSO C–119a (version 6.04A Enhanced) that was installed in that airplane before November 1, 2001. If that TCAS II version 6.04A Enhanced no longer can be repaired to TSO C–119a standards, it must be replaced with a TCAS II that meets TSO C–119b (version 7.0), or a later version. (3) A collision avoidance system equivalent to TSO C–119b (version 7.0), or a later version, capable of coordinating with units that meet TSO C–119a (version 6.04A Enhanced), or a later version. (4) TCAS I that meets TSO C–118, or a later version. (5) A collision avoidance system equivalent to TSO C–118, or a later version.
(c) Piston-powered airplane, regardless of weight	(1) TCAS II that meets TSO C–119b (version 7.0), or a later version. (2) TCAS II that meets TSO C–119a (version 6.04A Enhanced) that was installed in that airplane before November 1, 2001. If that TCAS II version 6.04A Enhanced no longer can be repaired to TSO C–119a standards, it must be replaced with a TCAS II that meets TSO C–119b (version 7.0), or a later version. (3) A collision avoidance system equivalent to TSO C–119b (version 7.0), or a later version, capable of coordinating with units that meet TSO C–119a (version 6.04A Enhanced), or a later version. (4) TCAS I that meets TSO C–118, or a later version. (5) A collision avoidance system equivalent to TSO C–118, or a later version.

PART 129—OPERATIONS: FOREIGN AIR CARRIERS AND FOREIGN OPERATORS OF U.S.-REGISTERED AIRCRAFT ENGAGED IN COMMON CARRIAGE

7. The authority citation for part 129 continues to read as follows:

Authority: 49 U.S.C. 106(g), 40104–40105, 40113, 40119, 41706, 44701–44702, 44712, 44716–44717, 44722, 44901–44904, 44906.

8. In § 129.18, revise the section heading and add paragraph (c) to read as follows, effective on the date of publication of the final rule in the **Federal Register:**

§ 129.18 Collision avoidance system.

* * * * *

(c) If TCAS II is installed in an airplane for the first time between December 3, 2001 and October 31, 2003, you must operate that airplane with a TCAS II that meets TSO C–119b (version 7.0), or a later version.

9. Section 129.18 would be revised, effective November 1, 2003, to read as follows:

§ 129.18 Collision avoidance system.

Effective November 1, 2003, any airplane you operate under part 129 must be equipped and operated according to the following table:

AIRPLANE CRITERIA AND REQUIRED COLLISION AVOIDANCE EQUIPMENT

After October 31, 2003, if you operate in the United States any * * *	then you must operate that airplane with* * *
(a) Turbine-powered airplane of more than 33,000 pounds maximum certificated takeoff weight.	(1) A Mode S transponder that meets Technical Standard Order (TSO) C–112, or a later version, and one of the following approved units— (i) TCAS II that meets TSO C–119b (version 7.0), or a later version. (ii) TCAS II that meets TSO C–119a (version 6.04A Enhanced) that was installed in that airplane before [November 1, 2001]. If that TCAS II version 6.04A Enhanced no longer can be repaired to TSO C–119a standards, it must be replaced with a TCAS II that meets TSO C–119b (version 7.0), or a later version. (iii) A collision avoidance system equivalent to TSO C–119b (version 7.0), or a later version, capable of coordinating with units that meet TSO C–119a (version 6.04A Enhanced), or a later version.
(b) Turbine-powered airplane of 33,000 pounds or less maximum certificated takeoff weight.	(1) TCAS II that meets TSO C–119b (version 7.0), or a later version. (2) TCAS II that meets TSO C–119a (version 6.04A Enhanced) that was installed in that airplane before [November 1, 2001]. If that TCAS II version 6.04A Enhanced no longer can be repaired to TSO C–119a standards, it must be replaced with a TCAS II that meets TSO C–119b (version 7.0), or a later version. (3) A collision avoidance system equivalent to TSO C–119b (version 7.0), or a later version, capable of coordinating with units that meet TSO C–119a (version 6.04A Enhanced), or a later version. (4) TCAS I that meets TSO C–118, or a later version. (5) A collision avoidance system equivalent to TSO C–118, or a later version.

Issued in Washington, DC, on October 24, 2001.

Ava L. Mims,

Acting Director, Flight Standards Service.

[FR Doc. 01–27340 Filed 10–31–01; 8:45 am]

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Federal Register

Thursday,
November 1, 2001

Part IV

Department of Housing and Urban Development

Housing Choice Voucher Program: Funding Availability for Reallocated Baseline Units and Annual Budget Authority and for Relocated Baseline Welfare to Work Units and Annual Budget Authority; Notice

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR–4694–N–01]

Housing Choice Voucher Program: Notice of Funding Availability for Reallocated Baseline Units and Annual Budget Authority and for Reallocated Baseline Welfare to Work Units and Annual Budget Authority

AGENCY: Office of the Assistant Secretary for Public and Indian Housing, HUD.

ACTION: Notice.

SUMMARY: This notice announces HUD procedures for reallocating baseline units and annual budget authority in the housing choice voucher program. The notice outlines public housing agency (PHA) eligibility criteria to apply for reallocated units and budget authority, and the semiannual invitation and application procedures. This notice also announces HUD procedures for reallocating baseline Welfare to Work units and annual budget authority. The procedures applying to Welfare to Work vouchers are discussed in section III of this notice since the reallocation process and timetable will be separate from the process for other housing choice vouchers.

FOR FURTHER INFORMATION CONTACT: Deborah Hernandez, Section 8 Finance Division, Office of Administration and Budget, Office of Public and Indian Housing, Department of Housing and Urban Development, 451 Seventh Street, SW., Room 4232, Washington, DC 20410; telephone (202) 708–2934. For further information regarding reallocation of Welfare to Work vouchers, contact Kathryn Greenspan, Office of Public and Assisted Housing Delivery, Department of Housing and Urban Development, 451 Seventh Street, SW., Room 4222, Washington, DC 20410; telephone (202) 708–0744. (These are not toll-free numbers.) Persons with hearing or speech impairments may access these numbers via TTY by calling the toll-free Federal Information Relay Service at (800) 877–8339.

SUPPLEMENTARY INFORMATION:

I. Overview

A. Background

On October 21, 1999, following a negotiated rulemaking, HUD published a final rule (64 FR 56882) creating a new 24 CFR 982.102, which establishes the procedures to determine baseline unit allocations, for which HUD obligated and renews funding, for the Section 8 voucher program. The rule provides (§ 982.102(i)) that if a PHA has performance deficiencies, such as failure to adequately lease units, HUD may reallocate some of its budget authority to other PHAs. The rule provides that HUD will publish a **Federal Register** notice that describes the circumstances and procedure for reallocating budget authority.

On April 19, 2000, HUD published a **Federal Register** notice (65 FR 21088) pursuant to the final rule, which advises PHAs to ensure that they assist the number of families that equals the number of units reserved for the PHA, and to manage their lease-up and turnover to fully use annual budget authority.

The April 19, 2000 **Federal Register** notice also states that HUD will annually assess each PHA's leasing rate and use of annual budget authority to determine whether to reallocate unused baseline units and unexpended annual budget authority to other PHAs. The notice further states that HUD will issue a **Federal Register** notice outlining the criteria for determining the PHAs to receive reallocated annual budget authority. Section II of this notice announces the procedures for regular semiannual reallocation of voucher baseline units (other than Welfare to Work units) and annual budget authority. In addition, section III of this notice announces separate procedures for reallocating baseline Welfare to Work units and annual budget authority.

B. Environmental Review

This NOFA does not direct, provide for assistance or loan and mortgage insurance for, or otherwise govern or regulate, real property acquisition, disposition, leasing (other than tenant-based rental assistance), rehabilitation, alteration, demolition, or new construction, or establish, revise, or provide for standards for construction or construction materials, manufactured housing, or occupancy. Accordingly, under 24 CFR 50.19 (c) (1), this NOFA is categorically excluded from environmental review under the National Environmental Policy Act of 1969 (42 U.S.C. 4321).

II. Baseline Units and Annual Budget Authority Available for Reallocation

A. Determining the Number Units Available for Reallocation

The April 19, 2000 **Federal Register** notice specifies when tenant-based baseline unit allocations become available for reallocation to other PHAs. The notice states that when HUD processes a PHA's year-end statement, it will assess the PHA's leasing rate and rate of use of annual budget authority. If the leasing rate is less than 90 percent of the number of units reserved and the PHA has expended less than 90 percent of its annual budget authority, HUD will issue a warning to the PHA. If the PHA fails to increase its leasing rate to 95 percent of the number of units reserved by the time the PHA submits its second budget after the warning, then the unused baseline units and unexpended baseline annual budget authority is subject to reallocation.

In addition, unused baseline units and unexpended annual budget authority become available for reallocation when a PHA voluntarily decides to decrease its program size. A number of factors may cause a PHA to decide to no longer administer its full baseline unit allocation including a locally strong and tight private rental market, inadequate suitable rental stock, or insufficient voucher applicants, among other reasons. If a PHA voluntarily chooses to decrease its baseline unit allocation, those baseline units and the related annual budget authority become available for reallocation.

Baseline units and annual budget authority may also become available for reallocation in other ways, including but not limited to a HUD-directed mandatory reduction in voucher program size as a result of poor PHA performance under the Section 8 Management Assessment Program, or PHA failure to comply with the ACC. When baseline units become available for reallocation, the Department will reduce the number of baseline units for the PHA that is relinquishing the units by not renewing funding for them under the PHA's consolidated annual contributions contract (CACC).

B. Inapplicability to Voluntary Transfers of Program Administration within the Same Geographic Area

This notice does not apply to the voluntary transfer of baseline units and annual budget authority, from one PHA's CACC to another PHA's CACC, when the transfer is between PHAs within the same metropolitan area, within the same nonmetropolitan county, or within the same state where voucher program administration is voluntarily shifted from a city or county PHA to its state PHA, or from a state PHA to one or more of its county or city PHAs.

C. Semiannual Invitation to Apply for Reallocated Baseline Units and Annual Budget Authority

The HUD Office of Public and Indian Housing will post an invitation for PHAs to apply for reallocated housing choice voucher baseline units and annual budget authority during the first work week of each calendar semiannual period beginning in January 2002.

The invitation will be posted on the Internet, on the Office of Public and Indian Housing housing choice vouchers web page at: *http://www.hud.gov/offices/pih/programs/hcv.* The invitation will announce the availability of the total number of baseline units, the related annual budget authority, and the per unit annual budget authority amount, that became available to HUD for reallocation during the preceding semiannual period. The per unit annual budget authority amount for the reallocated baseline units made available under each semiannual invitation will be the average per unit annual budget authority amount for all of the units made available for reallocation and announced under that invitation.

If HUD determines there are insufficient baseline units and annual budget authority available for reallocation in any semiannual period and so an invitation is not warranted for that semiannual period, a notice will be posted to that effect on the Internet housing choice voucher page during the first workweek of the semiannual period.

D. Eligible Applicants and Application Procedures

(1) *Eligible Applicants.* Reallocated housing choice voucher baseline units and annual budget authority are available for only two groups of PHAs:

(a) PHAs that have urgent needs due to housing loss and permanent displacement arising from federally declared disasters and that have a leasing rate, or rate of use of annual budget authority, of at least 90 percent, and

(b) PHAs that have a leasing rate, or rate of use of annual budget authority, of at least 97 percent. The leasing rate and rate of use of budget authority are measured using data from the PHA's last submitted year end statement in accordance with the methodology in the April 19, 2000 **Federal Register** notice, as amended by notice published on September 28, 2001.

(2) *Ineligible Applicants.* Any otherwise eligible applicant under paragraph (1)(b) is ineligible for reallocated baseline units and annual budget authority if the PHA is rated troubled under the Section 8 Management Assessment Program (SEMAP) once all PHAs have been rated or if the PHA is rated troubled under the Section 8 Management Assessment Program (SEMAP once all PHAS have been rated or if the PHA (a) has been charged with a systemic violation of the Fair Housing Act by the Secretary alleging ongoing discrimination; (b) is a defendant in a Fair Housing Act lawsuit filed by the Department of Justice alleging an ongoing pattern or practice of discrimination; or (c) has received a letter of noncompliance findings under Title VI, section 504, or section 109.

The Department will not accept or process an application under its semiannual invitations to apply for reallocated baseline units if any such fair housing charge, lawsuit, or letter of findings has not been resolved to the satisfaction of the Department before the application due date. The Department's decision regarding whether a fair housing charge, lawsuit, or letter of findings has been satisfactorily resolved will be based upon whether HUD determines that appropriate actions have been taken to address allegations of ongoing discrimination in the policies or practices involved in the charge, lawsuit or letter of findings.

(3) *Application Procedures.* (a) *Maximum and Minimum Voucher Request.* An eligible PHA may apply for the number of vouchers (baseline units) available for reallocation under the semiannual invitation, not to exceed a maximum of 5 percent of its baseline units, or 25 units, whichever is greater. The minimum number of vouchers that a PHA may apply for is 25. These limits do not apply to applications for vouchers for urgent housing needs arising from federally declared disasters.

(b) *Application Submission and Due Date.* Each January and July, after the invitation to apply for reallocated baseline units is posted on the Internet, an eligible PHA may submit an application to HUD Headquarters for the available units, up to the maximum voucher request. Eligible PHAs that have urgent housing needs arising from federally declared disasters may submit an application for any available reallocated baseline units and annual budget authority at any time. Urgent housing needs are defined as housing loss and permanent displacement and PHAs need not wait for the semiannual invitation to be posted.

(c) *Application Form.* The application form to be used is form HUD–52515 (section C, Average Monthly Adjusted Income, is not required). A PHA that applies for vouchers in connection with a federally declared disaster must also submit an application transmittal letter fully explaining the urgent need for the requested vouchers, including the extent of permanent housing loss by very low income families.

(d) *Non-disaster Application Deadline.* All non-disaster applications in response to the semiannual invitations are due no later than 5 p.m. Eastern time on the 1st of February or August. If the 1st falls on a weekend, applications are due by 5 p.m. on the following Monday. Mailed applications must be postmarked by the due date and must be received within 10 days of the due date.

(e) *Non-disaster Application Not Funded or Not Fully Funded.* If for any reason a non-disaster application is not funded, or is not fully funded, it will not be automatically considered under the next semiannual invitation. A non-disaster application must be submitted in response to a specific semiannual invitation to be considered for vouchers (baseline units) announced in that invitation.

E. Selection and Funding Procedure

(1) *Applications for Disasters.* HUD Headquarters will review applications to address urgent needs due to housing loss and permanent displacement arising from federally declared disasters upon receipt. If HUD determines the need for vouchers is adequately demonstrated and that the PHA meets the required leasing rate or rate of utilization of annual budget authority of at least 90 percent, these applications will generally be immediately approved and funded on a first-come, first-served basis, up to the amount of baseline units and annual budget authority available for reallocation.

(2) *Non-disaster applications from PHAs with at least 97 percent utilization.* (a) *Same-State funding priority.* Highest funding priority for baseline units available for reallocation in each State will be given to applicant PHAs in the same State. Upon receipt of all non-disaster applications in a semiannual period, HUD will examine the applicant PHAs to determine whether any applicant PHA has jurisdiction in the same state as a PHA from which units available for reallocation in the semiannual period were de-reserved. Applicants from the same state as a PHA from which units available for reallocation were de-reserved, will be given highest priority for the number of units made available from a PHA in the same state, up to the number of units requested by the applicant PHA. Any applicants given such priority in selection for funding

will generally be funded at the end of the third month of the semiannual period (March or September).

(b) *Priority for SEMAP high performers.* After priority is given to applicant PHAs in the same State as a PHA from which units available for reallocation were obtained, the next priority for funding will be given to applicant PHAs that are SEMAP high performers once all PHAs have been rated under SEMAP. HUD will examine the applicant PHAs to determine whether any applicant PHA is a SEMAP high performer. SEMAP high performers will be given the next priority for funding up to the number of units requested by the applicant PHA. Any applicants given such priority in selection for funding will generally be funded at the end of the third month of the semiannual period (March or September).

(c) *Remaining applications.* All remaining applications will generally be funded at the end of the third month of the semiannual period (March or September) by allocating the remaining number of baseline units available among all of the remaining semiannual applicants on an even percentage basis in proportion to the number of units requested or remaining to be funded in each PHA's application. PHA applications will not be reduced below 25 units. Consequently, a PHA's request for a certain number of units may be fully approved or partially approved.

(d) *Possibility of Selection of Applicants by Lottery.* In the event HUD determines that there are too many applicants from the same state (in giving same-state funding priority) from SEMAP high performers (in giving priority to high performers), or among remaining applications in any semiannual period to award each applicant the minimum of 25 vouchers, applicants will be selected by lottery. The number of baseline units and annual budget authority for which same-State priority is being given, for which SEMAP high performer priority is being given, or remaining available under the invitation will then be allocated among the PHAs selected in the lottery on an even percentage basis in proportion to the number of units requested in each PHA's application.

(e) *No Applications or Insufficient Applications.* If there are no applications or insufficient applications in response to any semiannual invitation, the unused reallocated baseline units and related annual budget authority announced in the semiannual invitation will be included in the next semiannual invitation.

F. Summary of Semiannual Baseline Unit and Budget Authority Reallocations

A summary of each semiannual period's baseline unit reallocations, including lists of PHAs from which and to which units and annual budget authority were reallocated, will be posted on the Internet at the same site as the semiannual invitations: *http://www.hud.gov/offices/pih/programs/hcv*. Funding decisions will also be published in the **Federal Register**.

III. Welfare-to-Work Voucher Baseline Units and Annual Budget Authority

Baseline Welfare to Work voucher units and annual budget authority will be permanently de-reserved and become available for reallocation in a process and on a timetable that is separate from the process for other housing choice vouchers. The Department will determine each PHA's Welfare to Work voucher leasing rate no earlier than 30 days after the publication of this notice. Welfare to Work voucher funding of PHAs that have not achieved leasing of their Welfare to Work vouchers of at least 95 percent by that date will be subject to de-reservation and reallocation without additional warnings or cure periods prior to de-reservation.

In the future, if PHAs that receive additional Welfare to Work vouchers have not reached a Welfare to Work voucher leasing rate of at least 95 percent by the expiration date of the Welfare to Work voucher increment, unused Welfare to Work voucher funding will be subject to de-reservation at the expiration date of the Welfare to Work voucher increment.

When baseline Welfare to Work voucher units become available for reallocation, the Department will reduce the number of baseline Welfare to Work voucher units for the PHA that is relinquishing the units by not renewing funding for them under the PHA's consolidated annual contributions contract (CACC).

A. Invitation To Apply for Reallocated Baseline Welfare to Work Voucher Units and Annual Budget Authority

When baseline Welfare to Work voucher units and annual budget authority become available, the Office of Public and Indian Housing will post an invitation for Welfare to Work voucher PHAs to apply for reallocated baseline Welfare to Work voucher units and annual budget authority. The invitation will be posted on the Internet, on the Office of Public and Indian Housing Welfare to Work voucher page at: *http://www.hud.gov/pih/programs/ph/wtw.* The invitation will announce the total number of baseline Welfare to Work voucher units available, the budget authority to be reallocated, and the per unit annual budget authority amount. The per unit annual budget authority amount for the reallocated baseline units made available under an invitation will be the average per unit annual budget authority amount for all of the units made available for reallocation and announced under that invitation.

B. Eligible Applicants and Application Procedures for Welfare to Work Voucher Funding

(1) *Eligible Applicants.* Reallocated Welfare to Work voucher baseline units and annual budget authority are available only to Welfare to Work voucher PHAs that have a Welfare to Work voucher program leasing rate of at least 97 percent.

(2) *Ineligible Applicants.* Any otherwise eligible applicant under paragraph (1) is ineligible for reallocated Welfare to Work baseline units and annual budget authority if the PHA is rated troubled under the Section 8 Management Assessment Program (SEMAP) once all PHAs have been rated or if the PHA (a) has been charged with a systemic violation of the Fair Housing Act by the Secretary alleging ongoing discrimination; (b) is a defendant in a Fair Housing Act lawsuit filed by the Department of Justice alleging an ongoing pattern or practice of discrimination; or (c) has received a letter of noncompliance findings under Title VI, section 504, or section 109. The Department will not accept or process an application under any invitation to apply for reallocated Welfare to Work baseline units if any charge, lawsuit, or letter of findings has not been resolved to the satisfaction of the Department before the application due date. The Department's decision regarding whether a charge, lawsuit, or a letter of findings has been satisfactorily resolved will be based upon whether appropriate actions have been taken to address allegations of ongoing discrimination in the policies or practices involved in the charge, lawsuit or letter of findings.

(3) *Application Procedures.* (a) *Maximum and Minimum Voucher Request.* An eligible PHA may apply for the number of Welfare to Work vouchers (baseline Welfare to Work voucher units) available for reallocation under the invitation, not to exceed the number of units which the PHA expects to lease within 12 months of the award of new funding, based on experience with the Welfare to Work voucher program.

There is no minimum number of vouchers for which the PHA must apply.

(b) *Application Submission and Due Date.* After the invitation to apply for reallocated baseline Welfare to Work voucher units is posted on the Internet, an eligible PHA may submit an application to HUD Headquarters. The invitation will specify the place where applications are to be submitted and the due date.

(c) *Application Form.* The application form to be used is form HUD–52515 (section C, Average Monthly Adjusted Income, is not required).

C. Selection and Funding Procedures for Welfare to Work Vouchers

(1) All applications from Welfare to Work voucher PHAs with at least 97 percent utilization will generally be funded on an objective basis such as by allocating the number of baseline Welfare to Work voucher units available among all of the eligible applicants on a percentage basis in proportion to the size of their initial Welfare to Work voucher allocation.

(2) In the event that HUD determines that there are too many applicants to award each applicant the number of Welfare to Work vouchers for which they have applied and are eligible, applicants will be selected by lottery. The number of baseline Welfare to Work voucher units and annual budget authority available under the invitation will then be allocated among the Welfare to Work voucher PHAs selected in the lottery on an equitable basis such as on a percentage basis in proportion to the number of Welfare to Work voucher units in each PHA's initial Welfare to Work voucher allocation.

(3) If there are no applications or insufficient applications in response to an invitation, the unused reallocated baseline Welfare to Work voucher units and related annual budget authority announced in the invitation will be included in the next invitation.

Dated: October 25, 2001.

Michael Liu,

Assistant Secretary for Public and Indian Housing.

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Federal Register

Thursday,
November 1, 2001

Part V

Department of Agriculture

Animal and Plant Health Inspection Service

7 CFR Part 319

Mexican Hass Avocado Import Program; Final Rule

DEPARTMENT OF AGRICULTURE

Animal and Plant Health Inspection Service

7 CFR Part 319

[Docket No. 00–003–4]

RIN 0579–AB27

Mexican Hass Avocado Import Program

AGENCY: Animal and Plant Health Inspection Service, USDA.

ACTION: Final rule.

SUMMARY: We are amending the regulations governing the importation of fruits and vegetables to increase the number of States in which fresh avocado fruit grown in approved orchards in approved municipalities in Michoacan, Mexico, may be distributed. We are also lengthening the shipping season during which the Mexican Hass avocados may be imported into the United States. We are taking this action in response to a request from the Government of Mexico and after determining that expanding the current Mexican avocado import program would present a negligible risk of introducing plant pests into the United States.

EFFECTIVE DATE: November 1, 2001.

FOR FURTHER INFORMATION CONTACT: Mr. Wayne D. Burnett, Senior Import Specialist, Phytosanitary Issues Management Team, PPQ, APHIS, 4700 River Road Unit 140, Riverdale, MD 20737–1236; (301) 734–6799.

SUPPLEMENTARY INFORMATION:

Background

The regulations in ''Subpart—Fruits and Vegetables'' (7 CFR 319.56 through 319.56–8) prohibit or restrict the importation of fruits and vegetables into the United States from certain parts of the world to prevent the introduction and dissemination of plant pests, including fruit flies, that are new to or not widely distributed within the United States.

Under the regulations in 7 CFR 319.56–2ff (referred to below as the regulations), fresh Hass avocado fruit grown in approved orchards in approved municipalities in Michoacan, Mexico, may be imported into specified areas of the United States, subject to certain conditions.Those conditions include pest surveys and pest risk-reducing cultural practices, packinghouse procedures, inspection and shipping procedures, and restrictions on the time of year (November through February) that shipments may enter the United States. Further, the regulations limit the distribution of the avocados to 19 northeastern States (Connecticut, Delaware, Illinois, Indiana,Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York,Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, and Wisconsin) and the District of Columbia, where climatic conditions preclude the establishment in the United States of any of the exotic plant pests that may attack avocados in Michoacan, Mexico.

In September 1999, the Government of Mexico requested that the Animal and Plant Health Inspection Service (APHIS) amend the regulations to (1) increase the number of States into which the avocados may be imported and (2) to allow the shipping season to begin 1 month earlier (October rather than November) and end 1 month later (March rather than February).

On May 11, 2000, we published a notice in the **Federal Register** (65 FR 30365–30366,Docket No. 00–003–1) in which we solicited comments on Mexico's request. In particular, we asked the public for comments and recommendations regarding the scope of our review of Mexico's request and requested interested persons to submit any data or information that may have a bearing on our review of the Mexican Government's request. We requested that comments focus on scientific, technical, or other issues that commenters believed should be considered during our review of the Mexican Government's request.

We solicited comments on our request for 90 days, ending August 9, 2000. By that date, we received 265 comments. In general, the majority of commenters supported expanding the area of distribution of Hass avocados and increasing the length of the shipping season during which Hass avocados may be imported into the United States.

On July 13, 2001, we published in the **Federal Register** (64 FR 36891–36905, Docket No.00–003–2) a proposal to expand the area of distribution for Hass avocados imported from Mexico to include Colorado, Idaho, Iowa, Kansas, Minnesota, Missouri, Montana, Nebraska, North Dakota, South Dakota, Utah, and Wyoming. We also proposed to lengthen the Mexican Hass avocado shipping season by 2 months, to include March and April. We proposed this action in response to the Mexican Government's request and after determining that expanding the current Mexican Hass avocado import program would present a negligible risk of introducing plant pests into the United States.

Note: Under the Plant Protection Act (7 U.S.C. 7701–7772), The Secretary's decision as to whether it is necessary to prohibit or restrict the importation of plant products is contingent upon her determination that such a prohibition or such restrictions are necessary to prevent the introduction of plant pests into the United States. The Plant Protection Act does not require that the Secretary's decision be based on a numerical or quantitative measurement of risk. In our proposed rule, we described the risk associated with the importation of Hass avocados under the systems approach regulations as being ''negligible'', ''insignificant'', or ''reduced to a negligible level.'' We used these terms in their qualitative, descriptive sense; i.e., according to their common usage. In this final rule we use only the term ''negligible'' for consistency.

On July 27, 2001, we published a notice of public hearings in the **Federal Register** (66 FR 39121, Docket No. 00–003–3) that detailed the dates, times, and locations of four public hearings regarding the July 2001 proposed rule.

We solicited comments concerning our proposal for 60 days ending September 11, 2001. Because APHIS's main office in the Washington, D.C., area closed early and unexpectedly because of the attack on the nearby Pentagon on September 11, 2001, we accepted and considered any comments received by September 12, 2001. We received 71 comments by that date, including 35 comments made at the four public hearings. The comments were from officials of State departments of agriculture, officials of foreign governments, Members of Congress, scientists, representatives of associations such as farm bureaus, marketing associations, consumer groups, and trade associations, and growers, packers, and shippers of avocados. Thirty-seven of the commenters generally supported the rule, and 34 opposed it. The issues raised in the comments are discussed below, by topic.

On October 12, 2001, APHIS received a petition from the California Avocado Commission requesting that the agency suspend further administrative steps related to this action until, among other things, APHIS conducts, publishes, and makes available for public comment additional risk information that complies with *Harlan Land Co. et al.* v. *USDA, et al.,* a recent court decision related to the importation of citrus from Argentina. The plaintiffs in that case are four California citrus growers and a coalition of California citrus growers. In *Harlan Land,* the court ruled that APHIS exceeded its authority under the Plant

Quarantine Act to permit the importation of Argentine citrus because the agency did not define ''negligible risk.'' We are denying the California Avocado Commission's petition and we do not agree that the *Harlan Land* decision is applicable to the Mexican Hass avocado rulemaking. We disagree with much of the *Harlan Land* decision and believe that it was predicated on the unique facts of that case and should, therefore, be limited to the Argentine citrus regulations that were at issue in that litigation.

Section 7 of the Plant Quarantine Act (7 U.S.C. 160) and section 412 of the new Plant Protection Act (7 U.S.C. 7712) do not require that the Secretary set a numerical threshold of risk at which the Secretary must permit or forbid importation; rather, Congress entrusted to the Secretary's discretion the decision, regardless of any numerical limitation to permit or forbid importation. Nowhere in section 160 or 412 is the Secretary required to make a finding of negligible risk. Further, sections 160 and 412 do not set forth specific factors that the Secretary must consider in making her decision. A numerical threshold would eliminate the Secretary's ability to exercise her Congressionally delegated discretion under the Plant Protection Act.

Status of Avocados as a Host for Fruit Flies

Comment: Does APHIS consider Hass avocados to be a host for *Anastrepha* spp. fruit flies? Fruit flies are not known to infest Hass avocados under normal growing conditions, and no historical evidence exists that these pests attack Hass avocados under natural conditions, according to APHIS's 1995 Risk Management Analysis.

Response: APHIS considers Hass avocados to be a possible non-host, or, at best, a poor host, for *Anastrepha* spp. fruit flies. No available scientific research has conclusively proven that(1) Hass avocados are a host for *Anastrepha* fruit flies under field conditions, or (2) that Hass avocados are not a host for *Anastrepha* fruit flies under field conditions. However, we are unaware of any reported detections of *Anastrepha* fruit flies infesting Hass avocados under field conditions. Some research using ripe fruit has shown that Anastrepha fruit flies can infest Hass avocados under forced laboratory conditions, but no research has shown that Hass avocados can be infested under natural conditions in the field.

Comment: In laboratory tests aimed at ascertaining the susceptibility of several avocado varieties grown in California to infestation by the Mexican fruit fly (*Anastrepha ludens*), cultivars Anaheim and Hass proved uninfested while Nabal, Ryan, Fuerte, Zutano, Puebla, and several other unnamed varieties were infested under the highly artificial conditions of the study.

Response: APHIS believes that the research mentioned above and other scientific evidence show that Hass avocados are resistant to infestation by *Anastrepha* spp. fruit flies. However, we are not certain to what degree they are resistant. As stated above, APHIS considers Hass avocados to be a possible non-host, or, at best, a poor host, for *Anastrepha* spp. fruit flies.

Comment: One reason why fruit flies may lay eggs in Hass avocados is likely a result of ''egg load.'' Flies may lay eggs in avocados simply because they have built up an excess of eggs and need to release some. For lack of a better available host, they choose avocados, just as they might choose plastic wrap or wood, under forced conditions.

Response: APHIS feels the commenter's supposition is entirely possible, since it is well known that fruit flies will lay eggs wherever they can if a preferred host is not available.

Comment: No research exists to verify with certainty that Hass variety avocados are a host for *Anastrepha* spp. fruit flies. There is no evidence showing that Hass avocados have been infested with *Anastrepha* spp. under field conditions. *Anastrepha* fruit flies may be present in avocado orchards not because they are seeking avocados as hosts, but because the groves provide a good microclimate for the flies. Almost all flies are captured on the periphery of avocado groves, and most likely enter and leave due to lack of preferred host material, and it is likely that fruit flies do not breed in commercial avocado orchards. Therefore, fruit flies should not be considered a pest of Hass avocados, because they do not cause any economic damage to commercially grown fruit.

Response: As stated above, APHIS agrees that no research or evidence exists that proves that Hass avocados are hosts for *Anastrepha* spp. under field conditions. Until such research is completed, APHIS will continue to consider Hass avocados hosts for fruit flies, albeit poor hosts.

Comment: The underlying assumption of the regulations is that avocados are poor hosts for the Mexican fruit fly. We do not know that this is truly the case. We need a better understanding of the true host status of the Hass avocado for Mexican fruit fly. As was shown with Sharwil avocados in Hawaii, a presumed non-host can become a good host if conditions are correct.

Response: As stated above, the host status of Hass avocados for *Anastrepha* spp. fruit flies has not yet been clearly defined, and until proven otherwise, APHIS will continue to consider Hass avocados as poor hosts for *Anastrepha* spp. fruit flies. However, while there is not sufficient research available to confirm that Hass avocados are not hosts of *Anastrepha* spp. fruit flies, no such fruit flies have ever been detected and reported in Hass avocados growing under field conditions.

Comment: What role do decreasing seven carbon sugars in the peel and flesh of the fruit play in host resistance? What about changes in fatty acid composition? What about barrier infestation of the fruit and the peel? We know that the fruit skin thins considerably as it hangs on the tree.

Response: Research aimed at determining the host status of Hass avocados has not shown the physiological reason why they appear to be resistant to fruit flies. Field cage tests previously conducted in Mexico were designed to test commercial avocados for resistance to fruit flies. The field cage tests found that, whatever their physiological condition, the fruits were resistant to fruit flies. (The nature of this resistance was not determined.)

Regarding the thinning of the skin: In the field cage tests, fruit flies were able to penetrate the skin and lay eggs in the fruit, but the eggs failed to develop. In laboratory tests that involved fruit subjected to infestation immediately after harvest, fruit flies were also able to penetrate the skin and lay eggs in the fruit, but eggs failed to develop. Only when fruit was harvested, held for several days, and then subjected to oviposition under forced conditions were the eggs able to develop into larvae.

Comment: APHIS relies on the total number of fruit cut and inspected without detection of fruit fly larvae during the operation of the Mexican Hass avocado import program as evidence of the poor host status of Hass avocados.

Response: APHIS believes that the number of fruit cut and inspected without detection of fruit fly larvae during the operation of the Mexican Hass avocado import program provides evidence that the systems approach is working as designed and is effectively mitigating the risk of pest introduction into the United States. As stated in the proposed rule, nearly 5.5 million fruit have been cut and inspected in orchards, in packinghouses, and at the border, and none were found infested

with target pests. While it may be tempting to infer that, based on the number of fruit cut without detection of fruit fly larvae, Hass avocados growing in commercial groves in Michoacan, Mexico, are not hosts to *Anastrepha spp.* fruit flies, no scientific evidence is available that conclusively supports or denies that conclusion.

Comment: An Agricultural Research Service (ARS) review of a research report from Mexico dated July 21, 1994, concluded, ''it appears that Hass avocado, while on the tree, may be resistant to fruit fly development but this needs to be systematically proven before ''non-host'' status can be demonstrated.'' At the time, this prompted APHIS to write to Sanidad Vegetal: ''Because of their high susceptibility in the laboratory, we cannot yet consider Hass avocados as being nonhosts under field conditions without research to identify the resistance factors over time and under all ecological conditions.'' Has this research been done? Regardless, APHIS has apparently changed its position on the issue of the host resistance of Hass avocados. APHIS has emphatically stated, ''host resistance is real'' based on fruit cutting results generated by the Mexican Avocado Import Program, despite the fact that past research projects have not conclusively established that Hass avocados are physically or chemically resistant to attack by fruit flies. APHIS's position on host resistance lacks substance, flies in the face of scientific principles, and cannot be relied upon as a risk mitigation strategy (it is presently Step Four in APHIS's systems approach).

Response: As stated earlier in this document, APHIS has not changed its position on the issue of host resistance, because no available scientific evidence conclusively proves that Hass avocados that are imported under the conditions of the systems approach are not hosts for fruit flies. APHIS did state in the June 1999 ''Review of the Systems Approach for Mexican Avocado'' that ''the evidence shows that this variety [Hass] is either not a host or a poor *Anastrepha* fruit fly host prior to harvest * * * The field and packinghouse fruit cutting (2,897,926 fruit for both seasons) indicates that the host resistance is real.''

We do not believe our use of the word ''indicates'' represents the ''emphatic statement'' suggested by the commenter. In fact, that sentence is the only time APHIS has gone on record with such a statement , and the June 1999 Review is not considered a risk assessment document, and does not, by itself, provide any basis for the expansion of the Mexican Hass avocado import program. As stated earlier in this document, APHIS does believe that the number of fruit cut and inspected without detection of fruit fly larvae during the operation of the Mexican Hass avocado import program provides evidence that the systems approach is working as designed and is effectively mitigating the risk of pest introduction into the United States.

Enforcement and Outreach

Comment: Who is going to enforce the rules and regulations that APHIS has proposed? Is enforcement being paid for by U.S. taxpayers? Is it going to be self-policing?

Response: APHIS's International Services (IS) maintains a presence in the avocado production areas in Michoacan. IS has an inspector stationed in Michoacan year-round to ensure that APHIS regulations and the conditions of the program workplan are being complied with in approved orchards and packinghouses. APHIS also employs seasonal inspectors who monitor compliance with the regulations during the orchard certification process and the avocado shipping season. These enforcement activities are paid for out of a trust fund account that is funded by an association of Mexican avocado growers in accordance with the regulations in § 319.56–2ff(b).

As has been the case for the first 4 years of the program, the regulations will be enforced in the United States by APHIS Plant Protection and Quarantine (PPQ) officers stationed at ports and offices in both approved and nonapproved States. Additional services will be provided by APHIS–PPQ's Smuggling Interdiction and Trade Compliance (SITC) program, which:

- Conducts smuggling interdiction efforts at air, land, and sea ports of entry.
- Carries out domestic market surveys for the presence of prohibited products.
- Conducts transit survey and smuggling interdiction efforts at truck weigh stations inside the country.
- Provides education and outreach to importers, market owners, transportation companies, retailers, and the public regarding regulatory compliance.
- Provides liaison and cooperative efforts with State departments of agriculture and other Federal agencies such as the U.S. Customs Service, U.S. Fish and Wildlife Service, U.S. Food and Drug Administration, and U.S. Department of Agriculture's (USDA's) Food Safety and Inspection Service.
- Works closely with APHIS's Investigative and Enforcement Services (IES) and USDA's Office of the Inspector General and Office of General Counsel to investigate potential regulatory violations and prosecute violators to the full extent of the law.
- Gathers information to identify and close down smuggling pathways for prohibited agricultural products.

More information on the SITC program is available on the APHIS website at: http://www.aphis.usda.gov/ppq/trade/. PPQ and SITC enforcement activities are funded by Agricultural Quarantine and Inspection (AQI) user fees paid by persons who import commodities, including avocados, into the United States.

Comment: What additional resources are going to be available to enforce the regulations, given the expansion of the program? There is legitimate concern that the Mexican Hass avocado import program cannot be effectively monitored under the current state of APHIS resources, particularly in the enforcement area. APHIS should review its resources prior to adopting any change to the program.

Response: APHIS has reviewed its resources and believes it has adequate coverage across the United States to ensure compliance with its regulations, including the Mexican Hass avocado import program, as expanded by this rule.

Comment: When avocados are moved into Utah, how is APHIS planning to guard the border to ensure that they do not move westward toward California?

Response: There are no APHIS personnel who physically guard borders between U.S. States. However, all persons who move or distribute Mexican Hass avocados within the United States must enter into a compliance agreement with APHIS wherein they must acknowledge and agree to observe the regulations that restrict the movement of Mexican Hass avocados to certain States. Furthermore, persons who obtain permits to import Mexican Hass avocados may only transfer the avocados to persons who have entered into a compliance agreement with APHIS. Persons who violate these conditions may have their permits or compliance agreements revoked. Violators are also subject to penalties authorized under the Plant Protection Act (7 U.S.C. 7701–7772).

APHIS–PPQ also has enforcement personnel in each U.S. State who are responsible for monitoring compliance with APHIS–PPQ regulations, including the Mexican Hass avocado import program. These personnel review shipping documents at either end of the

shipping process to ensure that Mexican Hass avocados are distributed only to approved States.

Comment: Are the distribution hubs of retail chains that operate in States inside and outside the approved distribution area going to be monitored? If so, by whom? Who will pay for the monitoring?

Response: Distribution hubs of such retail operations will have to enter into the same compliance agreements just described, and will be subject to the same monitoring just described. As stated earlier in this document, monitoring is funded by receipts of AQI user fees paid by persons who import commodities, including avocados, into the United States.

Comment: Will there be an educational outreach effort to educate trucking companies on the restrictions associated with the movement of imported avocados? If so, who will conduct the outreach, and who will pay for it?

Response: APHIS will send letters to various trucking industry organizations and produce marketing organizations notifying them of the change in the regulations. Furthermore, the revised box marking requirement should be helpful in alerting shippers and retailers to the change in the regulations. All of APHIS's educational outreach activities, including outreach activities regarding Mexican Hass avocados, are paid for with funds appropriated by Congress.

Comment: There is an economic incentive for consumers to smuggle fruit into prohibited areas. What kind of outreach is planned to educate the public on the legal ramifications of moving Mexican Hass avocados to nonappproved States? Who will fund the outreach activities?

Response: There will always be some risk that commodities will be smuggled into one area from another area where they cost less. APHIS does not believe that expansion of the Mexican Hass avocado import program will increase the likelihood that smuggling will occur.Further, APHIS has not planned any outreach activities that are directed at consumers because it does not believe that smuggling of Mexican Hass avocados by consumers is a serious problem.Small quantities of Hass avocados that are moved into nonapproved areas do not present a major risk that pests could be introduced into, or become established in, those areas, especially given that Mexican Hass avocados have not been shown to be infested with any pests of concern.

Comment: Controls should continue to be tightened to keep Mexican Hass avocados from being illegally shipped to Florida and other States with avocado pest host material. One shipment of avocados found in Florida did have scale, which is an actionable pest in Florida.

Response: APHIS is pleased with statistics that suggest there has been over a 99 percent rate of compliance with the limited distribution requirements for shipments of Hass avocados from Mexico. This compliance rate is well within the estimates used for the risk assessment, and therefore, APHIS sees no need to further tighten restrictions on Mexican Hass avocado imports.The scale insect referred to above was not an exotic species that required quarantine action by APHIS.

Comment: Interception statistics suggest that 1 out of every 1,000 shipments of boxes of avocados ends up outside the approved distribution area. Is this an acceptable level of risk?

Response: APHIS does not determine ''acceptable levels of risk'' for each node or potential risk event. Rather, estimates of the risk that specific events could occur are factored into the overall calculations of risk in the risk assessment. The risk assessment concludes that there is a negligible risk of pest introduction associated with Mexican Hass avocados imported under the various requirements of the systems approach.

Comment: APHIS has been too slow in applying appropriate penalties to U.S. distributors who knowingly divert Mexican Hass avocados to nonapproved States.

Response: APHIS makes every attempt to resolve cases as quickly as possible; however, all alleged violators of APHIS's regulations have rights, are afforded due process, and may request to present their case at a hearing. This process can take time due to the fact that violators often have the right to appeal their cases to higher courts.

Comment: USDA–APHIS does not have a tracking system in place to monitor the movement of avocados to their final destination. Even though boxes of avocados are marked with destination restriction requirements, there is nothing to stop fruit from being repackaged and sent to nonapproved areas. The Florida Department of Agriculture is concerned that there is no mechanism in place to protect it from fraud by avocado shippers, packers, etc.

Response: Shipments of Mexican Hass avocados may only be imported under limited permits granted by APHIS and are tracked to their initial destination in the United States. APHIS inspectors confirm that shipments arrive at their approved destination by reviewing shipping documents, and monitor shipments from distribution hubs to ensure that avocados are not shipped to nonapproved areas. Shippers of Mexican Hass avocados must retain their shipping records, which are subject to APHIS review.

APHIS believes it is highly unlikely that Mexican Hass avocados would be repackaged and sent to nonapproved areas, especially given that each avocado must be identified with a sticker that bears the Sanidad Vegetal registration number of the packinghouse where they were packed in Mexico. An unscrupulous distributor who wished to illegally transship Mexican avocados would have to pay the costs associated with obtaining a shipment of imported Mexican avocados at wholesale prices from a terminal market in an approved State, moving that shipment to a secure location, unloading the boxes from the truck or container, removing all the avocados from their packing boxes, peeling the sticker from each piece of fruit, perhaps adding a new sticker to each piece of fruit, repacking the fruit in new boxes, loading the boxes back onto the truck or container, and driving the load of avocados across the country to one of the expected high-demand markets (south Florida, Texas, and California), all of which would limit the profitability of such an illegal enterprise. We believe that this limited profit potential, when combined with other factors such as the ready availability of domestic and imported avocados in areas outside the approved States and the fact that persons involved in such illegal transshipment are liable to legal action, incarceration, or fines, makes it unlikely that such ''commodity fraud'' will take place.

Comment: Since the inception of the Mexican Hass avocado importation program, two avocado pests from Mexico, the avocado thrips (*Oligonychus perseae*) and the Mexican fruit fly(*Anastrepha ludens*) have caused significant damage to the agricultural industry in San Diego County, CA. The thrips were likely introduced into California as a result of illegal shipments of Mexican avocados, despite APHIS's contention that Mexican Hass avocados have not been diverted into California.

Response: To clarify, the scientific name for the avocado thrips is *Scirtothrips perseae,* and the scientific name for the persea mite is *Oligonychus perseae.* Both of the these pests are established in the State of California, and both cause damage to avocado fruit. The avocado thrips was first noticed in California in July 1996, and the persea mite was first identified in California in

1990. Both pests were introduced into California prior to the beginning of the Mexican Hass avocado import program, and were not introduced into California via Mexican Hass avocados imported under the systems approach regulations. APHIS can only speculate as to how those pests were introduced into California, but believes it is possible that both could have been introduced via propagative material imported from Mexico in violation of APHIS regulations.

The Sequeira, *et al.* study, which provides part of the basis for this final rule, identifies San Diego County as an area at high risk for fruit fly establishment. Given the poor host status of Hass avocados for *Anastrepha* spp. fruit flies, and given the limited distribution requirements of the regulations and all the APHIS enforcement activities that support those regulations, APHIS believes it is highly unlikely that imported Hass avocados from Mexico could serve as a pathway for the introduction of fruit flies into San Diego County. Outbreaks of Mexican fruit fly occurred periodically prior to the inception of the Mexican Hass avocado program. APHIS believes these infestations were likely triggered by small amounts of preferred host material smuggled within legitimate cargo or passenger baggage.

Comment: APHIS's amendment of the regulations to require compliance agreements is appreciated. However, even after the new requirements, California continued to intercept Mexican avocado shipments, mostly at border stations, that were being moved in violation of the limited distribution and travel corridor requirements.

Response: APHIS is unaware of any Hass avocados imported under the systems approach regulations that were intercepted at California border stations. APHIS is aware that in early 1999, several shipments of Mexican avocados intended for transit through the United States and exportation to another country were intercepted at California border stations. These shipments were not associated with the Mexican Hass avocado import program.

Inequity of Treatment Protocols

Comment: In 1999, when APHIS declared a Mexican fruit fly quarantine covering an 81-square-mile area surrounding Fallbrook, CA, after finding two Mexican fruit flies, there was no debate about the host status of Hass avocados. APHIS did not classify Hass avocados as a secondary host, as did Sequeira, *et al.* In California, APHIS required the application of Malathion bait treatments for two life cycles of the Mexican fruit fly—a period of time covering 4 to 8 months—before Hass avocados could be harvested from groves within the quarantine zone. By contrast, under the regulations, if two fruit flies are detected within a 260-hectare area within the approved Hass avocado export area in Mexico, growers may continue to export fruit to the United States provided that malathion bait treatments are applied every 7 to 10 days. This APHIS policy unfairly favors foreign interests over domestic producers of avocados, and APHIS offers no explanation for this apparent double standard in the proposed rule or any of the supporting documents.

Response: APHIS acknowledges that there are differences in the regulatory procedures for growers to certify the movement of Hass avocados from Mexican fruit fly regulated areas of Mexico and the United States. However, in both cases, the goal of the regulatory procedures is the same: To eliminate the potential for spread of fruit flies. In 1999 in Fallbrook, CA, APHIS quarantined an 81-square-mile area until such time as we could determine that there was not a reproducing fruit fly population in that area. To ship fruit out of the area, growers had to bait treat Hass avocado orchards at 6 to 10 day intervals for two fruit fly life cycles as estimated by the degree day model. Upon completion of bait spray treatments, Hass avocados from the regulated areas could be shipped anywhere in the United States, without any further restriction.

In contrast, Hass avocados grown in approved orchards in Michoacan, Mexico, are always subject to the various conditions employed by the systems approach regulations, which are intended to protect the United States from the introduction of fruit flies and avocado-specific pests. While Hass avocados from Mexico may continue to be shipped to the United States if 2 fruit flies have been found in a 260-hectare area within the growing area, such avocados are still subject to all of the other risk-mitigating conditions of the systems approach. These conditions include, among other things, requirements that Hass avocados only be shipped to certain States during certain months of the year, that they originate in orchards that meet certain sanitation requirements, that they be packed in packinghouses under certain conditions, that the boxes and fruit be specially labeled, that certain numbers of fruit must be cut in orchards, in the packinghouse, and at the border, and that persons handling and shipping avocados enter into compliance agreements with APHIS. U.S. growers within an area under a fruit fly quarantine are not subject to any restrictions of this type, and may ship Hass avocados to all areas of the United States at any time of year after bait treatments have been completed.

These issues aside, APHIS understands that avocado growers in California would like to be able to harvest and ship their fruit during a fruit fly quarantine in the event that one was to be declared in a domestic growing area. APHIS is currently evaluating protocols that would enable such movement.

Extension of Shipping Season and Expansion of Approved Distribution Area

Comment: The regulations should list States where the distribution of Mexican Hass avocados is prohibited rather than States where such distribution is allowed.

Response: APHIS agrees that the box markings for imported Mexican avocados should be revised. Therefore, in this final rule we are revising the box marking provisions to require that boxes of Hass avocados imported from Mexico be clearly marked with the statement''Not for distribution in AL, AK, AZ, AR, CA, FL, GA, HI, LA, MS, NV, NM, NC, OK, OR, SC,TN, TX, WA, Puerto Rico, or any other U.S. Territory.'' The requirements that avocados be packed in clean, new boxes clearly marked with the identity of the grower, packinghouse, and exporter are not affected by this change. Given that the number of approved States now exceeds the number of nonapproved States, this change will reduce the amount of text necessary for the box markings, making them easier to read.

Comment: During the first year of the Mexican Hass avocado import program, six States were believed to have received illegal avocado shipments. To help protect the large California avocado industry from infestation, States such as Kansas and Utah should be removed from consideration. Utah is 200 miles from California, and Kansas is just across the Oklahoma panhandle from Texas.

Response: APHIS is confident that monitoring activities conducted by PPQ, which are described in detail earlier in this document, are adequate to ensure that Hass avocados from Mexico are not diverted into nonapproved States. APHIS does, however, wish to restate that the risk estimates assume that, despite the regulations and APHIS's enforcement activities, a certain number of boxes of avocados might be diverted outside the approved distribution area. These risk estimates are factored into the overall calculations of risk in the

risk assessment, which provides that there is a negligible risk of pest introduction associated with the importation of Mexican Hass avocados. During the first 4 years of the program, 3881 boxes of fruit were diverted outside the approved distribution area. This number is substantially less than the number APHIS assumed might be diverted in calculating the overall pest risk associated with the importation of avocados. To change the overall risk estimate, the amount of diversion would have to be approximately 50 times the current level of diversion.

Comment: APHIS–PPQ's industry alert dated October 2000 states that moving or shipping Mexican Hass avocados to other States poses a risk of introducing pests that could cause millions of dollars of damage to U.S. crops. Why does APHIS's proposed rule state the opposite of what was reported in the industry alert?

Response: The October 2000 Industry Alert was based on information available to us at the time it was prepared. As stated in our proposed rule, APHIS proposed to expand the Mexican Hass avocado import program based on:

- Risk assessment documents on which the original import program was based, but that still provide a basis for expansion of the program.
- A study conducted by the North American Plant Protection Organization's (NAPPO's) Pest Risk Assessment Panel (referred to elsewhere in this document as ''Sequeira, *et al.*'') that provides evidence that *Anastrepha* fruit flies could not become established in the States proposed for expansion.
- Four shipping seasons (1997–2001) worth of shipping and inspection data and four years worth of fruit fly trapping data for the approved orchards in approved municipalities in Mexico.

The content of these documents, and our analysis of their applicability to Mexico's request that we expand the Mexican Hass avocado import program is documented in APHIS's ''Information Memo for the Record'' (April 30, 2001).

Comment: The Department appears to be sweeping aside one of the critical components to the systems approach, namely limiting the season of shipment. Under the proposal, fruit and pests can be shipped into the United States during times (April and May) when there certainly is host material present in the receiving States. Consequently, the rule should be appropriately modified to delete April as a shipping period. If the Department is intent on expanding the time period to cover a 6-month shipping window, then a possible approach would be to start the program on October 15 and end it on April 15.

Response: APHIS has reviewed the risk assessment documents on which this rule is based, and finds that they support the commenter's suggestion. We have reviewed anecdotal evidence regarding the marketing patterns of Mexican Hass avocados and have found that Hass avocados remain in the marketplace for 2 to 4 weeks after importation. Therefore, avocados imported on April 30 could be in the marketplace until late May, when fruit fly host material would be beginning to become available in some approved States. To further reduce the risk that fruit flies, if imported with Mexican Hass avocados, could find suitable host material in approved States, we are revising the dates that begin and end the shipping season. As suggested by the commenter, the shipping season will run from October 15 through April 15. This change will help to ensure that fruit flies, in the highly unlikely event that they are present in imported Hass avocados, are even less likely to be imported into areas with suitable host material that could support their survival.

As stated in our proposed rule, the numbers of fruit flies trapped in approved municipalities in Michoacan are higher in October than in April. However, climatic conditions in the States proposed for expansion are less conducive to fruit fly survival in late October than in mid- to late May, when imported avocados could still be in the marketplace in the United States. Climatic conditions in October in the approved distribution area are such that even if fruit flies were present in shipments of avocados, the flies would find little or no host material on which to survive. Further, even if host material were present and conditions were suitable for fruit fly survival in late October, conditions in November would not suitable for fruit fly survival.

Comment: Although trapping data indicate that fruit fly population levels in Michoacan are lower between the months of November and April, captures in May rise precipitously. For adults to be captured in May, ovipositing in host material had to occur in late March or early April, depending upon ambient weather conditions. Generally, temperatures between 20 and 30 °C considered optimal for the development of *Anastrepha* spp. fruit flies. According to the Joint Agricultural Weather Facility, operated by the World Agricultural Outlook Board of the USDA and the National Oceanic and Atmospheric Administration (NOAA) of the U.S. Department of Commerce, average temperatures in those municipalities in Michoacan, Mexico, approved for the export of Hass avocados were within this range between February 1 and April 30, 2001. This means that fruit fly eggs and larvae were present in host material in or around avocado groves at the time of the proposed harvest of Hass avocados for shipment to the United States.

Response: As stated elsewhere in this document, APHIS has acknowledged that *Anastrepha* spp. fruit flies are present in Michoacan, which is why the systems approach regulations include safeguards to prevent the introduction of those pests. The requirements, such as surveillance trapping, increased trapping in response to a single fruit fly detection, Malathion bait treatments, covering of harvested avocados, fly-proof screens on packinghouses, and inspections, work together with the poor host status of Hass avocado fruit growing in commercial orchards in Michoacan to mitigate the risk posed by *Anastrepha* spp. fruit flies.

Comment: To allow Hass avocados to pass through Florida for an extended period when the invasive pests associated with avocados are more prevalent would create a hardship for the Florida avocado industry and the larger Florida agricultural industry. Although identified pests of avocados would not likely become established in the approved States, they could become established in Florida. With the potential for transshipment, that is a distinct possibility.

Response: Avocados imported under the systems approach regulations contained in § 319.56–2ff are not eligible for movement into or through Florida at any time.

Pest Detection

Comment: Without knowing the methodology used for fruit cutting and other visual survey activities, there is no way for reviewers to draw conclusions from the survey or other interpretive data provided.

Response: There is no manual on methods for fruit cutting and other visual survey activities, per se. However, there is some discussion of such methodologies in the 1995 Risk Management Analysis and the workplan for the Mexican Hass avocado import program. Again, APHIS is confident that Mexican Hass avocados are properly cut and inspected in orchards, at packinghouses, and at the port of first arrival in the United States.

Comment: The biology of potentially serious pests like thrips makes detection very difficult. Thrips eggs are extremely

small and are usually laid within the tissues of leaves or skin of fruit. The number of eggs laid within individual leaves and fruit in orchards infested with the avocado thrips in California can easily exceed 20. Plant material entering the United States, either legally or illegally, with this number of viable eggs provides a good-sized cohort that could establish a reproducing population in a permissive environment. Further, frequent introductions of small numbers of pests ultimately could lead to establishment when founding populations enter a permissive environment.

Response: APHIS is confident that infestations of thrips in Hass avocados can be detected during inspections required under the systems approach, including inspections at the port of first arrival in the United States. Available literature suggests that most thrips feed on, and lay eggs in, other parts of plants besides fruit, and therefore, APHIS does not generally consider fruit a likely pathway for thrips. Furthermore, the lack of interceptions of thrips of quarantine significance in commercial shipments of avocados suggests that imported avocado fruits are not a good pathway into the United States for such pests.

Comment: In the 2001 trip report, Dr. Cervantes states that ''the methods used for detecting pests that have been proposed in the USDA–SAGAR workplan, if they are followed as specified, are adequate to detect the presence of the seed moth.'' What about the other pests?

Response: Dr. Luis M. Cervantes Peredo was asked to review only the avocado seed moth detection activities associated with the Mexican Hass avocado import program. Dr. Cervantes is an expert on the avocado seed moth, and in his report found that the various pest detection measures used in the program are adequate to detect the presence of the avocado seed moth in approved avocado groves.

Comment: Is there a prescribed protocol for certifying or otherwise validating laboratory standards and/or detection programs in the areas of origin? Who ensures that such protocols are enacted? Are there penalties for laboratories or detection facilities and programs that do not enact or conform to the prescribed protocols?

Response: We are unsure of what the commenter means by ''laboratory standards,'' as the program involves no laboratories, per se. Regardless, as stated earlier in this document, APHIS's International Services (IS) maintains a presence in the avocado production areas in Michoacan. IS has an inspector stationed in Michoacan year-round to ensure that APHIS regulations and the conditions of the program workplan are being complied with in approved orchards and packinghouses. APHIS also employs seasonal inspectors who monitor compliance with the regulations during the avocado shipping seasons. Orchards that do not meet the criteria outlined in the regulations (including trapping, fruit cutting, orchard sanitation, and other requirements) are removed from the program. Essentially there should be minimal concern that APHIS standards are being met in Mexico because APHIS monitors all aspects of the import program.

Fruit Cutting

Comment: A fruit fly egg is about 1.2 millimeters in length in the field and in the packinghouse where 99 percent of all fruit cutting for the program takes place. Weevil larvae feed just underneath the skin of avocado near the stem end and, unless fruit are examined closely, larvae would not be detected. Fruit that are cut should be examined for eggs of fruit flies, weevils, and thrips using hand lenses or dissecting microscopes. Non-detection under the current fruit cutting procedures does not indicate non-infestation.

Response: APHIS inspectors are allowed to use their discretion in selecting a method of examination of imported Hass avocados. Each inspector has a hand lens that he or she may use if needed to aid in the detection of pests in Hass avocados. APHIS is aware that there is a remote possibility that pests could infest fruit and escape detection during fruit cutting. However, fruit cutting represents only one element of the systems approach, which uses a series of overlapping, redundant safeguards to mitigate the risk of pest infestation. In fact, Table 3 in the risk management analysis for the systems approach shows that fruit cutting is one of the least effective risk mitigating tools used in the systems approach. For convenience, the table is reproduced below.

TABLE 3.—SYSTEMS APPROACH: MEXICAN AVOCADO

Risk mitigation measures	Reduction of potential pest risk					
	Fruit flies: *Anastrepha* spp.	Small avocado seed weevils: *Conotrachelis* spp.	Avocado stem weevil: *Copturus aguacatae*	Large avocado seed weevil: *Heilipus lauri*	Avocado seed moth: *Stenoma catenifer*	Hitchhikers and other pests
Field surveys	40% to 60%	95% to 99%	80% to 95%	95% to 99%	95% to 99%	40% to 75%
Trapping and field treatments	55% to 75%	0	0	0	0	3% to 20%
Field sanitation	75% to 95%	15% to 35%	70% to 90%	15% to 35%	15% to 35%	20% to 40%
Host resistance	95% to 99.9%.	0	0	0	0	0
Post-harvest safeguards	60% to 90%	0	0	0	0	40% to 60%
Winter shipping only	60% to 90%	0	0	0	0	50% to 75%
Packinghouse inspection and fruit cutting	25% to 40%	50% to 75%	40% to 60%	50% to 75%	50% to 75%	30% to 50%
Port-of-arrival inspection	50% to 70%	50% to 70%	50% to 70%	50% to 75%	50% to 75%	60% to 80%
Limited U.S. distribution	95% to 99%	95% to 99%	90% to 99%	95% to 99%	95% to 99%	75% to 95%

As shown in the table, for each type of pest, there are at least two other mitigating measures that are believed to be more effective in reducing risk of infestation of avocados than fruit cutting. The most significant of these mitigating measures is the limited distribution measure, which provides that, even in the event that infested fruit escape detection at the port of first arrival, they are only eligible for importation into areas with a lack of suitable host material and climatic conditions that would inhibit their survival.

Comment: In the field, fruit is cut in half or quartered, is inspected for seed damage or tunneling, and is then

discarded. In the packinghouse, fruit is cut in half and given a cursory glance and then brushed off the cutting table without examination. APHIS must work closely with Sanidad Vegetal to develop formal, documented methods for cutting fruit in the field, at packinghouses, and at the border. The objective of fruit cutting in the field should be detection of stem weevils, seed weevils, and the seed moth. Each inspector should be thoroughly trained in proper fruit cutting technique, and should be equipped with a hand lens.

Response: In the past, APHIS observed improper fruit cutting techniques being employed at packinghouses, and took corrective action. We are confident that inspections and fruit cutting in the field and at the packinghouses are being conducted properly. APHIS inspectors are present any time that fruit is cut in a packinghouse in Mexico, and are trained to detect all of the pests of concern for Hass avocados. Each APHIS inspector has a hand lens available if its use is necessary, and the objective of fruit cutting is always detection of any and all pests. Though fruit cutting and inspection are not as effective for detecting fruit flies as they are for detecting stem weevils, seed weevils, and the seed moth, APHIS inspectors look for all pests during these procedures.

Comment: If the fruit cutting technique is not standardized, and is not accompanied by proper detailed inspection of fruit, including use of hand lenses or microscopes, then the data generated regarding the number of uninfested cut fruit are meaningless and cannot serve as a basis to support a change in regulatory requirements.

Response: As stated earlier in this document, we believe fruit cutting as it is currently practiced in the field and at packinghouses is adequate to detect pests in Hass avocado fruit. Furthermore, fruit cutting data suggest that the Mexican Hass avocado import program is working as designed.

We did not propose to expand the program simply because of fruit cutting data. Rather, as stated in our proposed rule and elsewhere in this document, we proposed to expand the program because risk assessment documents and 4 seasons worth of shipping, inspection, and trapping data support expanding the rule. Indeed, fruit cutting data suggest that imported avocados are not infested with pests, but the findings of the Sequeira, *et al.* study suggest that even if avocados were infested with fruit flies, those flies would not survive in the approved distribution areas.

Comment: APHIS has acknowledged that fruit cutting is not intended as a method for detecting fruit fly eggs or larvae. This is evident from the description of the procedure itself in the Work Plan, which states that ''all the fruit will be cut open to detect the presence of weevil eggs or larvae''.

Response: APHIS has made a policy of not using inspection (and in this case, fruit cutting) as a means of mitigating the risk posed by fruit flies. As shown in Table 3 of the Risk Management Analysis (reprinted earlier in this document), packinghouse inspection and fruit cutting provide only a 25 to 40 percent reduction in the risk posed by fruit flies, while providing a 50 to 75 percent reduction in the risk posed by seed weevils and a 40 to 60 percent reduction in the risk posed by the avocado stem weevil. Despite this, we do still inspect fruit for all pests.

Comment: Fruit cutting in the field should be supported by mandatory cutting of culled fruit in the packinghouse from each lot per day, in addition to cutting samples from packed fruit prior to shipping.

Response: Under the regulations, 300 fruit per shipment must be cut at the packinghouse prior to culling and packaging. No cutting is done after culling, though fruit that would have been culled are part of the cutting sample.

Comment: Fruit cutting should be based on a percentage of fruit at each inspection for each lot per pack date, not a set number of fruit per lot. Quantities of fruit per lot can vary considerably, with the possibility that large lots could be undersampled. As an example, a minimum of 1 percent of the boxes in each lot in the shipment should be visually inspected and 5 percent of the fruit within those boxes should be cut and carefully inspected for the presence of internal feeders.

Response: Fruit cutting is based on a percentage of fruit per shipment. As stated above, under the regulations, 300 fruit must be cut and inspected per shipment to the packinghouse. A shipment of avocados is almost always the total amount that can fit in a standard shipping container. APHIS believes that such shipments, depending on the size of the fruit and the number of field boxes, can range in number between 1,000 and 4,000 avocados. Hypergeometric tables indicate that the sample size needed to reach the 95 percent confidence level of detecting a 1 percent infestation in these shipments varies between 258 and 288 fruit cut per shipment, assuming a maximum number of 4,000 avocados per shipment. Therefore, we set the sample size at 300 fruit, and believe this sample size is sufficient to provide a high level of confidence that infested fruit will be detected, if present.

Comment: Paragraph 4.4 under the Packinghouse section of the 1999 workplan requires that fruits sampled at the packinghouse are to be cut into slices to inspect for fruit flies, seed pests, and stem weevils, but the 2001 trip report and program review pictures provided show a fruit cutting procedure that does not appear consistent with the work plan requirements.

Response: It is difficult to determine from the pictures provided in the 2001 trip report whether the fruit have been sliced properly to detect stem weevils. Since such slices are thin, as evidenced in G.L. Kreitner's photo essay on damage caused by weevils in avocado fruit, and those slices are not readily discernable from the picture. Nonetheless, the APHIS personnel who were present during the pictured fruit cutting have assured APHIS that cutting at the top of avocados near the stem end for stem weevils was indeed performed. Additionally, the pictures do show evidence of deep cuts necessary to examine for seed damage cause by seed weevils and the seed moth.

Comment: If fruit cutting is targeting seed-infesting insect larvae, yet the agency is using the same data to advance a finding of no fruit fly larvae, that conclusion should be a qualified one.

Response: While absence of fruit fly detections from fruit cutting does not definitively prove absence of infestation, we do believe it provides some evidence that the Mexican Hass avocado import program is working as designed, as we have previously stated.

Pest Surveys

Comment: APHIS claims that the starting point in the risk equation for fruit flies is virtually zero, and that the number of fruit fly captures in traps set out in Mexican avocado orchards from November through April is insignificant.

Response: We have acknowledged that *Anastrepha* spp. fruit flies are present in Michoacan, which is why the regulations set forth safeguards to prevent the introduction of those pests. The requirements, such as surveillance trapping, increased trapping in response to a single fruit fly detection, Malathion bait treatments, covering of harvested avocados, fly-proof screens on packinghouses, and inspections, work together with the poor host status of Hass avocado fruit to mitigate the risk posed by *Anastrepha* spp. fruit flies.

Comment: Single digit fruit fly captures in Mexico from November through April are not believable. There is no doubt that fly populations are on the rise in April in Mexican avocado groves, based on the dozens of adult flies captured in May. It would only take a warm spring—a 2-week shift in seasonal weather patterns—to precipitate explosive growth in fruit fly populations.

Response: We have confidence that fruit fly trapping in Mexico is being conducted properly, based on observations by APHIS inspectors. From 1997 to 2000, a total of 68 fruit flies were trapped during the month of May in orchards certified for export to the United States.

These data do suggest that fruit flies are being trapped in higher numbers in May than in November through April. However, as stated earlier in this document, the approved shipping season for Mexican Hass avocados will run from October 15 through April 15. We feel that this change will reduce the risk that fruit flies, in the highly unlikely event that they are present in imported Mexican Hass avocados, could be introduced into an area of the United States where adequate host material is available (mid- to late May in approved areas). Furthermore, there still remains no evidence to conclusively prove that the fruit flies in approved Mexican Hass avocado orchards are populating in those orchards and/or using Hass avocados as hosts.

Comment: Four years of trapping results provide no guarantee that future fruit fly population levels will remain low, particularly during the month of April, because populations of flies in commercial orchards can exhibit strong fluctuations from year to year.

Response: As stated in more detail earlier in this document, we are revising the approved shipping season for Hass avocados to run from October 15 through April 15. We believe that this change will further reduce the possibility that fruit flies, in the highly unlikely event that they are present in imported Hass avocados, could find suitable conditions and host material to support their survival in the approved distribution area.

Comment: APHIS should replace the highly inefficient McPhail traps and liquid protein baits used in the Mexican Hass avocado import program with newly developed synthetic lure and cylindrical traps. Alternatively, the Department should consider using Nulure as an attractant in McPhail traps deployed in Mexican avocado groves until new technology is adopted by Mexico.

Response: APHIS is aware of the availability of new traps that use Nulure as an attractant. APHIS is currently evaluating these traps and may elect to require their use in the Mexican Hass avocado import program at a later date.

Comment: Fruit fly trap placement in Mexican growing areas is haphazard with respect to height and exposure to sunlight. Research has shown that the preferred placement of traps is within the tree canopy where traps are shaded. Industry observers have seen traps being inappropriately washed out with soapy water. They have seen trappers barely examine trapped specimens to determine if target pests were present. Servicing of traps must be conscientious, both with respect to cleaning and rebaiting of traps as well as detection and identification of target species.

Response: Trapping is conducted in Michoacan by county-level officials of Mexico's Secretaría de Agricultura, Ganadería, Desarrollo Rural, Pesca y Alimentación (SAGARPA). These persons are trained by SAGARPA, and are monitored by APHIS–IS personnel. APHIS inspectors stationed in Mexico monitor the placement and servicing of traps; if an inspector determines that trapping is not being conducted properly, he or she orders corrective action.

Comment: A weak or ineffective attractant, a misplaced trap, or a target species that was captured but undetected could significantly skew reported fruit fly trapping results. Data presented by APHIS do not accurately represent actual fruit fly activity levels in Mexican avocado orchards throughout the year, and the risk of infestation is significantly higher than levels calculated by APHIS.

Response: APHIS must rely on trapping data as the only evidence of fruit fly activity in Michoacan, given the absence of fruit fly detections in the avocados themselves. APHIS is confident that traps in Michoacan are placed and tended similarly to traps placed in U.S. fruit fly host growing areas, and, based on its own inspections of the growing areas in Mexico, has no reason to suspect that the data have been corrupted by improper trapping techniques.

Comment: Proper pest surveys of the avocado export area in Mexico still have not been done, particularly in the absence of broad-spectrum pesticide use that maintain pest species at relatively low levels such that it is almost impossible to predict what other pest problems, both arthropods and diseases, might arise. For instance, prior to its discovery in California, the avocado thrips was a species new to science. One wonders how this pest could be present in avocados in Mexico without being known as a pest in the scientific literature or having been described taxonomically.

Response: As stated in the proposed rule, APHIS pest surveys include areas with backyard and feral avocado trees and groves. We believe that surveying such areas provides a context to examine the presence of pests in a limited pesticide use context. Furthermore, APHIS believes that thrips, which are external feeders, can be readily detected by inspection. We do not require treatment or other mitigations for thrips on most fruits for this reason.

Comment: In 1997, APHIS surveys detected over 2,100 stem weevils in Mexican avocado groves. There is no indication that these numbers have decreased in the 4 years since. Given that APHIS conducts surveys for stem weevils at the wrong time of year, the numbers could be even higher.

Response: APHIS has acknowledged that stem weevils are present in the State of Michoacan, and there is no existing program in Mexico that is intended to reduce their numbers. However, the systems approach is designed to mitigate the risk that stem weevils could infest imported Hass avocado fruit.

Regarding inspections for stem weevils, the Junta Local de Sanidad Vegetal (JLSV) conducts monthly inspections of orchards certified under the Mexican export program.[1] These inspections include inspections for stem weevils. In addition, the Director General de Sanidad Vegetal (DGSV) conducts one stem weevil survey per year (usually in the spring), and APHIS and DGSV conduct a joint survey in the fall prior to orchard certification. If stem weevils are detected during any of these surveys (including the monthly inspections by JLSV), those orchards are dropped from the Hass avocado export program.

Further, even in the event that imported Hass avocados are infested with stem weevils upon reaching their destination in the United States, there is a minimal chance that stem weevils could find suitable host material on which to survive and establish themselves, given that they are believed to be avocado-specific pests. The only U.S. States that commercially grow avocados are Florida, Texas, California,

[1] Under the regulations, orchards must be part of Mexico's export certification program, which is administered by SAGARPA. The monthly inspections by JLSV are required under the Mexican export program, not under APHIS regulations.

and Hawaii, none of which are approved for distribution of Mexican Hass avocados.

Comment: In 1998, 19 percent of wild/backyard orchards in Uruapan were found to harbor stem weevils. Two years later, APHIS's surveys indicated that 91 percent of wild/backyard sites were infested. No explanation is provided for this dramatic increase in stem weevil detections, but it is evident that populations of these insects remain unabated in the municipalities approved for export to the United States.

Response: Again, APHIS is well aware that stem weevils are present in the State of Michoacan. However, as explained in more detail above, we believe that there is a negligible risk that Mexican Hass avocados imported under the systems approach would introduce plant pests, including stem weevils, into the United States.

Comment: The timing of pest surveys by DGSV is a function of when a grower first petitions JLSV to participate in the export program and, later, the workload at DGSV. A review of a file for a grove eligible to export avocados to the United States shows that the grower initially signed up with the JLSV on November 13, 1997. Following the initial inspection and monthly grove visits by JLSV, DGSV conducted fruit, soil, and foliage sampling to pre-certify the grove for export to the United States. The DGSV surveys were conducted on March 3, 1999, and January 5, 2000. Neither survey was done at a time at when adult avocado pests were most likely to be present. APHIS's statement that surveys by DGSV are made ''in the spring'' simply is not true. Other grower records indicate that DGSV survey dates are random, and that they are most likely dictated by convenience, not pest biology. Based on this information, the reported number of pests as determined by APHIS and DGSV surveys is artificially low, and not representative of the risks posed by these injurious insects. APHIS should formalize an appropriate schedule for the survey of Mexican avocado groves to ensure that survey activities are conducted when adult stages of the pests of concern are most likely to be present. APHIS should develop this schedule jointly with DGSV and require the agency to adhere to the schedule by agreement under the work plan. Failure to adhere to the schedule should result in the non-certification of orchards until such time as APHIS is able to conduct survey activities with its own personnel.

Response: APHIS believes that the records submitted by the commenter do not represent the complete file for that orchard. APHIS records show that the orchard in question was also surveyed for stem weevils and seed weevils on June 15, 1999, and June 21, 2000, when adult weevils would be likely to be present in orchards. We continue to believe that orchards in Mexico that export Hass avocados to the United States are properly surveyed for these pests at an appropriate time of year, and see no reason to develop a set schedule for surveys in the regulations or the workplan for the Mexican Hass avocado import program.

Inspection at the Border

Comment: Cutting and inspection of only 64,560 fruit out of a total of 160,108,800 imported avocados at point of entry (0.04 percent) does not represent a valid inspection and detection program. Rather it implies that phytosanitary inspections at the border are simply window dressing and potential or possible detections are of no concern.

Response: There are several other pest detection elements involved in the systems approach regulations that supplement fruit cutting and inspection at the port of first arrival. In fact, there are pest detection measures in place at every stage of the production process for Hass avocados from Mexico. There are pest survey requirements that must be met in orchards, including fruit fly trapping, and surveys for the avocado stem weevil, seed moth, and seed weevils. Fruit are also cut and inspected in orchards a total of 4,439,013 avocados during the first 4 years of the program. At the packinghouse, a total of 300 fruit per shipment must be cut and inspected in the presence of APHIS inspectors. APHIS has required these additional pest detection activities, in part, because it is aware that inspection at the port of first arrival in the United States alone would not be sufficient to detect pests in imported fruits.

Inspection at the port of first arrival is intended to accomplish two goals. First, inspectors check the documents accompanying the shipment to ensure that the avocados are from an approved orchard and were processed in an approved packinghouse and are accompanied by a phytosanitary certificate. The inspectors also ensure that the limited distribution statement appears on all boxes, that a U.S. Customs Service bond has been secured for the shipment, and that the in-bond papers indicate that the shipment is consigned to an importer in an approved State. Second, the inspectors will select a sample of fruit from each shipment and carefully cut and inspect those avocados to verify their pest-free status. Inspection at the port of first arrival is essentially a redundant safeguard that serves to verify that all the regulatory requirements applicable to the importation of the avocados have been met.

Comment: It is physically impossible for inspectors, no matter how diligent they are, and no matter how honest their intentions, to protect the United States from pest invasions and infestations given the volume of goods imported into the United States.

Response: APHIS has stated in the past that if zero tolerance for pest risk were the standard applied to international trade in agricultural commodities, it is quite likely that no country would ever be able to export a fresh agricultural commodity to any other country. There will always be some degree of pest risk associated with the movement of agricultural products; APHIS's goal is to reduce that risk to a negligible level. In the case of Hass avocados from Mexico, we believe that the overlapping and redundant safeguards employed in the systems approach will achieve that goal.

Comment: Inspectors at the border stations do not know how to look for a weevil in an avocado, nor do they have time to carefully inspect pieces of fruit under a dissecting microscope.

Border personnel must be provided with specific instruction on the detection of stem weevil in Hass avocado fruit, and APHIS should update and reissue the photo essay guide prepared by G.L. Kreitner to PPQ offices at border ports of entry. Ports of entry should also be adequately staffed so that examination of fruit samples can be done in a meaningful way.

Response: As stated earlier in this document, APHIS inspectors are trained to detect all types of pests in various types of commodities. APHIS is distributing the photo essay as suggested to all approved ports on the Mexican border where Hass avocados are imported prior to the 2001–2002 shipping season. The photo essay will be incorporated into an existing booklet of procedural guidelines on the Mexican Hass avocado import program that is used by port inspectors when they process and inspect shipments of imported avocados. We believe the photo essay, as originally published, is a valuable tool in describing where stem weevil infestations are typically found in avocado fruit, and do not see the need to update it. Furthermore, APHIS believes the level of inspection at border ports is appropriate, given the additional safeguards employed under the systems approach regulations, and is confident that border stations are

adequately staffed to provide agricultural quarantine and inspection services.

Pest Detection in the United States

Comment: The proposed rule states that seven States (Arizona, California, Florida,Georgia, Louisiana, South Carolina, and Texas) in the continental United States are at risk for establishment of four fruit fly species. Do these States have pest detection programs that focus on the pests associated with Mexican Hass avocados?

Response: Arizona, California, Florida, and Texas each have fruit fly detection programs that operate year-round. APHIS is not aware of any detection programs in these or the other three States that focus on avocado-specific pests, though it is possible that local surveillance programs in avocado-producing States may conduct surveys for avocado-specific pests.

Comment: Do the 12 additional States have pest detection programs that focus on fruit fly host crops and fruit fly pests?

Response: The 12 States that we are adding to the Mexican Hass avocado import program do not conduct fruit fly or avocado-specific pest detection programs, likely because those States are not able to provide the combination of host material and climatic conditions necessary to support a reproducing, established fruit fly population, and because none of the 12States have climatic conditions suitable for the production of avocados.

Trade Issues

Comment: Over 4 years ago, avocado growers in California requested market access to Northern Baja California, Mexico, for California avocados and asked the USDA to initiate the necessary steps to clear the way for exports into Mexico. There is a ready market for California avocados in northern Mexico, yet California growers are prohibited from shipping into Mexico. For 3 years, growers heard nothing in response to their request. In November of 2000, senior representatives from the USDA pledged that they would aggressively pursue access to the Mexican market. Those talks prompted Mexico to prepare a risk assessment for California avocados, which was recently forwarded to the USDA. The Mexican risk assessment stated that California avocados would not be allowed into Mexico until procedures were in place to protect the Mexican avocado growers from being infested by avocado seed moths and seed weevils that could be introduced from California. There is no existing credible scientific evidence showing that these pests are present in California. By contrast, these same quarantined pests in Mexico are well documented through the scientific literature. APHIS must reject Mexico's bid for expansion as long as the U.S. avocados are not permitted entry into Mexico.

Response: APHIS agrees with the commenter that avocado seed moths and seed weevils are not present in California, and sent a letter to Sanidad Vegetal on September 6, 2001, asking that the Mexican risk assessment be revised and those pests removed from consideration. As of the drafting of this final rule, we have not received a response from Sanidad Vegetal.

Comment: APHIS's primary role is to protect agriculture from the introduction of pests and diseases. This role is compromised by APHIS's new emphasis on promoting and expanding trade.

Response: The Plant Protection Act authorizes the Secretary of Agriculture to regulate exports, imports, and interstate commerce when the Secretary determines such action is necessary to prevent the dissemination of plant pests. The Secretary of Agriculture has delegated this responsibility to APHIS.

APHIS's primary responsibility with regard to international import trade is now, and has been for many years, to identify and manage the risks associated with importing commodities. Because, as we have already noted, there is no such thing as zero risk in international trade, reducing risk to a negligible level is the only realistic approach. If there is no practical way to mitigate a particular risk associated with a product, APHIS will prohibit that product's entry into the United States, as is our right under current international trade agreements; we have done so in the past and will continue to do so when warranted. However, when we determine that the risk associated with the importation of product is negligible, it is our responsibility under those same trade agreements to make provisions for the importation of that product.

The systems approaches developed for citrus from Florida and Texas, apples from Washington, and stonefruit from California are examples of ways that we have found to answer the pest concerns of our trading partners in order to enable the exportation of domestically grown fruits and vegetables. Just as we seek to open foreign markets to our Washington apples or California stonefruit, however, we must also listen to the requests of other nations seeking to export their products to the United States.

Comment: This rulemaking is not based on science. It is based on a political agreement made even before the scientific research/risk assessment was done, and before the proposed rule was written. This is about trade and politics, not science, and is about favoring foreign interests over those of the domestic producer.

Response: This action was predicated on several risk assessment documents that provide a scientific basis for potential expansion of the Mexican Hass avocado import program. Without these risk assessment documents, which have withstood several reviews and public comment periods, APHIS would not have proposed this action. Political interests stimulate consideration of the expansion of trade of agricultural commodities between countries, but all decisionmaking concerning phytosanitary restrictions on trade must be science-based. APHIS stands behind the risk assessment documents that support this rule, and believes they are based on sound science.

Pest List

Comment: The proposed rule accurately states that: ''the persea mite (*Oligonychus perseae*) and avocado thrips (*Scirtothrips perseae*) are currently established in the United States, and are not under official control, and therefore, do not meet the definition of a quarantine pest.'' At the time of their first detection by APHIS, however, the label of quarantine pest would have been appropriate. In both cases, APHIS failed to prevent the introduction and establishment of injurious pests known to infest Mexican Hass avocados.

Response: The introductions of the persea mite and avocado thrip happened independently of the importation of Mexican Hass avocados, as described elsewhere in this document.

Comment: Deficits in the knowledge on the taxonomy, ecology, and biology of the arthropod fauna on avocados in exporting countries may render any mitigation of the risk posed by unknown pests that could be present in growing areas ineffectual.

Response: Avocados and pests of avocados have been studied in detail for many years, especially in Mexico, which is the world's largest producer and consumer of avocados. APHIS is confident that it has identified all pests of quarantine significance known to follow the avocado pathway. Nonetheless, APHIS inspectors are trained to inspect for all quarantine pests, and eight of the nine safeguards employed by the systems approach

provide reduction of the risk posed by hitchhikers and other (unknown) pests.

Comment: One species of thrips, *Neohydatothrips burungae* (Hood), is as common as *S. perseae* on avocados in Mexico and is not known to be present in California. This pest has not been included in USDA's Pest Risk Assessment for Hass avocados from Mexico. Given the common occurrence of *S. perseae* in Mexico on avocados and its pestiferous nature in California, it is highly likely that *N. burungae* could also pose a threat to the California avocado industry.

Response: When we conducted the Supplemental Pest Risk Assessment for the original Mexican Hass avocado import program in 1995, there was no literature available suggesting *Neohydatothrips burungae* (Hood) was associated with Hass avocados. N. burungae is now considered a quarantine pest by APHIS; however, to date, we have never intercepted this pest on avocado fruits at a port of entry, nor have we intercepted any thrips in commercial shipments of avocado fruits. We have intercepted other thrips, including species of the genera Scirtothrips and Thripidae, on avocado leaves imported in passenger baggage. Further, based on findings of thrips on other fruits, we are confident that we can detect thrips infesting Hass avocado fruits if they do indeed follow the avocado fruit pathway; however, evidence to date suggests they do not. For this reason, we are confident that *N. burungae* associated with Mexican Hass avocado fruit poses a negligible risk of being introduced into the United States.

Comment: Researchers have catalogued potentially dangerous pests that do not appear in USDA's pest risk assessment. Johansen collected 38 phytophagous thrips species from avocados in Mexico, identifying seven species, i.e. *Frankliniella bruneri, F. chamulae, Heliothrips haemorrhoidalis, Pseudophilothrips perseae, Scirtothrips aguacatae, S. kupandae,* and *S. perseae,* that could be transported via the avocado pathway. Also reported from avocado in Michoacan, Mexico, is *Scirtothrips aceri* (Moulton). Only one of these pests, *Heliothrips haemorrhoidalis,* is listed in USDA's pest risk assessment. It is important to note that the thrips species discussed above feed on or attack the avocado fruit, and thus, based on their biology, can be expected to follow the pathway of imported Mexican Hass avocados. *Frankliniella bruneri, F. chamulae, Pseudophilothrips perseae, Scirtothrips aguacatae, S. kupandae,* and *Neohydatothrips burungae* must be added to USDA's Mexican Action List. In each case, the species mentioned fall into the ''H'' or high category in the three criteria outlined USDA's Enhanced Hazard Pest Categorization methodology, indicating that quarantine action is required. Continuation of rulemaking without a revised pest risk assessment given the Department's own process of risk categorization for these species is inconsistent with, and a violation of, international plant health principles and the phytosanitary provisions of NAFTA.

Response: There was no literature available suggesting any of the pests listed above are associated with Hass avocado fruits at the time the 1995 Supplemental Pest Risk Assessment was conducted. APHIS now considers *Frankliniella bruneri* and, as stated above, *Neohydatothrips burungae,* to be quarantine pests. However, for the same reasons described above for *N. burungae*, we believe that *F. bruneri* associated with Mexican Hass avocado fruit poses a negligible risk of being introduced into the United States. We are confident that both thrips are unlikely to be imported in fresh Hass avocado fruit because they prefer leaves and plants over fruit. For this reason, we believe they do not follow the avocado fruit pathway.

Regarding the other thrips listed by the commenter (*Frankliniella chamulae, Heliothrips haemorrhoidalis, Pseudophilothrips perseae, Scirtothrips aceri* (Moulton), *S. aguacatae, S. kupandae,* and *S. perseae*):

- *S. perseae* exists in California, and does not meet the definition of a quarantine pest.
- *H. haemorrhoidalis* is listed in APHIS's 1995 Supplemental Pest Risk Assessment as a pest mainly associated with plant parts of avocado other than the fruit, and is considered by APHIS to be a non-actionable pest if detected during port inspections.
- *F. chamulae, P. perseae, S. aceri* (Moulton), *S. aguacatae,* and *S. kupandae* have not been evaluated for consideration as quarantine pests, but have not been associated with avocados in any published scientific literature. APHIS has no reason to believe they follow the avocado fruit pathway.

As requested by the commenter, APHIS is adding *N. burungae,* and *F. bruneri* to APHIS's Mexican Action List. We are also evaluating *F. chamulae, P. perseae, S. aceri*(Moulton), *S. aguacatae,* and *S. kupandae* using APHIS's Enhanced Hazard Pest Categorization methodology to determine whether they should be added to the Mexican Action List as well.

Regarding whether revisions to the pest risk assessment are necessary, APHIS is unaware of any evidence that suggests any of the thrips species listed by the commenter follow the avocado fruit pathway. Until we find evidence as such in scientific literature, we will continue to consider these pests as unlikely to follow the avocado fruit pathway, regardless of their quarantine pest status.

Comment: USDA's Supplemental Pest Risk Assessment states that the pest list for Mexican avocados was generated after a review of the AGRICOLA, CAB, and MELVYL databases, historical decision sheets covering importation of avocados, the U.S. catalogue of intercepted pests and interception records, CMI distribution maps, texts of plant diseases and pathogens, and APHIS files on pests not known to occur in the United States. No attempt has been made to collect information from the most obvious and important source, independent scientific researchers who have conducted field work on avocado pests in Mexico and the United States.

Response: When gathering information on what pests to include in a pest list for a risk assessment, APHIS considers only information from published scientific literature. This is the only way to ensure that we cite only research that has been peer-reviewed. If independent scientific researchers have finalized and documented findings that would be relevant to APHIS risk assessments, we would expect that those findings would have been peer reviewed and published. APHIS does not contact researchers to solicit information on pests that may be relevant to particular risk assessments.

Systems Approach

Comment: The use of restrictions on the distribution of avocados is meaningless. Once an avocado or any other product is legally imported into this country, there are no further restrictions on the fruit after importation. Unaware and unscrupulous importers are then free to transship the product anywhere in the United States. They are frequently found all over Florida and contain pests.

Response: If the limited distribution requirement was the only means of risk mitigation available in the Mexican avocado import program, the open nature of the U.S. marketing and transportation systems would be a matter of concern. Limited distribution is, however, only one of a series of safeguards designed to prevent the introduction of pests into the United States through the importation of avocados from Mexico. We have not

expected limited distribution to be foolproof, but we also do not expect that infested avocados will be entering the United States through legally imported commercial shipments in the first place. Further, we anticipate that unscrupulous importers will be the exception, rather than the rule, so we believe that the restrictions on distribution of the avocados will be widely observed, rather than ignored. As to the finding of imported Hass avocados in Florida, APHIS is aware of only 2 cases where avocados were found in Florida. In both cases, one less-than-full box of avocados was found, and the scale insect contained therein is not a pest of quarantine significance.

Comment: APHIS cannot say that the risk of pest introduction associated with increased Mexican Hass avocado imports is zero. The risk may be low, but the risk only applies to U.S. growers.

Response: APHIS has not stated that the risk associated with expanding the Mexican Hass avocado program is zero. As stated earlier in this document, if zero tolerance for pest risk were the standard applied to international trade in agricultural commodities, it is quite likely that no country would ever be able to export a fresh agricultural commodity to any other country. APHIS has performed a risk analysis and has concluded that the risk of pest introduction is negligible. APHIS has deliberately not defined the point at which risk becomes negligible. The use of specific, numerical thresholds can have important consequences in international trade, as their reciprocal use by other countries could adversely affect the export of domestic products and hinder trade in commodities that can be safely exported to other countries. APHIS thus separately assesses individual risks for specific commodities and applies the professional judgement of its technical and scientific experts. This can result in different quantified risks being deemed negligible. This approach allows APHIS to protect domestic producers from risks which are not negligible while maintaining necessary flexibility for U.S. export markets.

Comment: The risk assessment on which the avocado import program is based is flawed because it is based on, and begins with, estimated probabilities.

Response: Risk assessments are intended to estimate the potential that future events can occur. Since risk assessments often are conducted to evaluate the use of systems that did not previously exist, there is no feasible way for risk assessors to begin the process with historical or other hard data relevant to the scenario or system being assessed. In the case of Hass avocados from Mexico, in the absence of hard data, estimates of the probability that certain events could occur were made by expert scientists to evaluate the risk mitigating measures used in the import program. Using this method enabled APHIS to account explicitly for the uncertainty associated with the various parameters of the Mexican Hass avocado risk model.

Comment: When APHIS used Monte Carlo simulations to develop risk estimates for the Mexican Hass avocado import program, it based the simulations on two models; one model in which Mexican avocados are imported under no special restrictions, and the second model employing use of the systems approach. APHIS should have modeled the previously existing system., i.e., the quarantine that was in place for more than 80 years.

Response: APHIS acknowledges that we could have used Monte Carlo simulations to develop a risk assessment that considered the pre-1997 status quo in which the importation of Hass avocados from Mexico was prohibited. However, such simulations would have simply been a paper exercise, given that the pre-1997 quarantine is no longer in place; given that the purpose of the risk assessment was to consider the risks associated with the 1997 proposed rule, such an exercise was not warranted.

Comment: The proposed rule stated that an eradication program would be initiated if an introduced avocado pest became established. It should have said that an eradication program would be initiated if a pest is detected.

Response: We did not make such a statement in the proposed rule; however, the environmental assessment for the proposed rule did have a typographical error that may have led the commenter to make this statement. In the environmental assessment, APHIS states that ''in the highly unlikely event that an avocado pest should be introduced into the United States established, appropriate eradication actions would likely be initiated.'' The word ''established'' should not have been included in that sentence and has been removed in the final draft. Regardless, a single detection of a pest would not warrant eradication, whereas introduction and establishment of a pest certainly would.

Peer Review/Cooperation

Comment: A third party should evaluate the surveillance techniques associated with the Mexican Hass avocado import program, including fruit cutting and trapping.

Response: APHIS has conducted two reviews of the Mexican Hass avocado import program in the 4 years since its inception. Representatives of domestic avocado growers (i.e., the California Avocado Commission) participated in both reviews, and the State of California participated in the second review. In fact, the representatives of domestic avocado growers helped to draft the workplan for the operation of the program, and has had many opportunities to participate in the development and review of the program. APHIS believes it has been very transparent with the public throughout the existence of the program, and has shared information whenever requested. APHIS sees no need for another third party to review the documents on which the program is based, especially given the success of the program thus far.

Comment: APHIS should allow external peer review of the pest risk assessment for the Mexican Hass avocado import program. Peer review should not be conducted by another USDA agency.

Response: APHIS believes that the pest risk assessment for the Mexican Hass avocado program has been subjected to significant peer review already. Each risk assessment document on which the program is based has been made available for public comment for at least 60 days, some of those documents more than once. APHIS has received and considered numerous written comments on the risk documents as well as oral comments made at public hearings and has made changes to documents when appropriate. APHIS sees no need for any additional peer review of its risk assessment documents, as ample opportunity has already been provided for the public to submit its opinions.

Risk to Host Material-Producing States

Comment: The current Mexican Hass avocado import program places Florida and other southern States at risk for new pest introductions.

Response: The systems approach regulations are designed to mitigate the risk that pests could be introduced into the United States via imported Mexican Hass avocados. Distribution of avocados is not allowed in Florida and several other southern States. As stated elsewhere in this document, the importation of commodities from foreign countries is not without some risk, but APHIS believes that the regulations render the risk of new pest introductions negligible.

Comment: Data for San Diego County, CA, show that over half of the 66 single fruit fly finds in San Diego County from

1991 to 2000 occurred during the proposed winter shipping period of November to April. There is a high risk that fruit flies could become established if introduced into California during those months.

Response: The Sequeira, *et al.* study confirms that most of the State of California is at risk for establishment of Mexican fruit flies. However, the intent of the regulations is to ensure that (1) Hass avocados are not shipped to California, and, (2) even in the event that they are shipped to California, that the imported avocados do not contain pests.

Comment: An increase in the volume of imported fruit will result in a proportional increase in the risk of a pest introduction.

Response: Indeed, increased volume of imports can increase the risk that a pest could be introduced into the United States. The risk assessment documents on which this final rule is based indicate that even if imports increase as a result of this rule, the risk of pest introduction associated with the increased volume of imports is still negligible. As explained in the Information Memo for the Record, the 1995 Supplemental Pest Risk Assessment (as well as the 1996 Addendum) estimated that between one and two million boxes of fruit would be imported under the systems approach program. The actual number of boxes imported fell short of the minimum in all but one of the four years that the program has been in place. During the first four years of its existence, the program averaged only 834,675 boxes per year. Because of this, we believe that the 1995 and 1996 assessments actually overestimated the risk. It also means that even if the addition of 12 States to the program doubled the number of imported Hass avocados, the actual number of imported boxes would still fall within the range of estimates used in the 1995 and 1996 assessments, and their results would remain valid.

Treatment of Commodities

Comment: Mexico uses chemicals and pesticides that have been outlawed in the United States since the early 1970's, DDT being one of them. The growers in the United States are not allowed to use the chemicals that Mexican growers can use.

Response: The U.S. Food and Drug Administration (FDA) samples and tests imported fruits and vegetables for pesticide residues. The U.S. Government does not have any control over what pesticides are approved for use in foreign countries. The Environmental Protection Agency has regulations that address the exportation from the United States of pesticides that are not registered for use in this country and works with foreign environmental protection agencies and agricultural producers to promote safer pesticide use and food production practices. There is a variety of pesticides and other pest control measures available for use in the United States in the highly unlikely event that a plant pest is introduced into this country via Hass avocados imported from Mexico in accordance with the regulations.

Comment: There is no post-harvest treatment available for Anastrepha spp. fruit flies in avocados. When fruit flies were found in Fallbrook, CA, in 1999, many avocado growers lost a great deal of fruit because they could not send fruit out of the quarantined area during the 9-month quarantine period. Commodity post-harvest treatments were available to growers of other fruits and vegetables. Has APHIS evaluated post-harvest treatment protocols, including irradiation, for fruit fly hosts in the seven at-risk States? These treatment options should have been reviewed and validated in the environmental assessment as required by NEPA. When will they become available to growers?

Response: As stated earlier in this document, APHIS is evaluating protocols that would facilitate the interstate movement of Hass avocados from fruit fly quarantined areas in the United States. Currently, there is no available post-harvest treatment for Hass avocados. Research on various varieties of avocados has shown that treatment, including irradiation, has adverse effects on fruit quality. It is likely, given the quality-related issues involving post-harvest treatments, that regulatory approaches, perhaps modeled after the Mexican Hass avocado systems approach, could prove to be more practical for growers.

The environmental assessment referred to above was prepared specifically to address the potential environmental impacts that could be associated with implementation of the proposed rule. APHIS does not agree that treatment options and a validation of prescribed treatment protocols related to a potential eradication program should be discussed in the environmental assessment for the Mexican Hass avocado import program.

Comments Related to the Study by Sequeira et al.

Comment: Sequeira, *et al.* report that Mexican fruit flies do not attack young fruit, but no source is cited for this unsubstantiated conclusion. Although Sequeira notes that his approach is ''conservative'' with respect to phenological windows, insufficient scientific evidence is presented to conclusively establish that young fruit is not subject to attack by *Anastrepha* spp. fruit flies.

Response: Evidence for Sequeira, *et al.*'s observation that fruit flies do not prefer young fruit can be found in: Leyva-Vazquez, Browning, and Gilstrap. 1991 ''Development of *Anastrepha ludens* (Diptera: Tephritidae) in Several Host Fruit.'' *Environmental Entomology* 20(4): 1160–1165.

Comment: Mexican Hass avocados should not be imported during the months of March and April because the temperature and climatic conditions could foster a mating population of fruit flies.

Response: The findings of the Sequeira, *et al.* study indicate that many U.S. States are at risk for the establishment of *Anastrepha ludens.* These States include California and Florida, among others. All States proposed for expansion of the Mexican Hass avocado import program were found by Sequeira, *et al.* to be at low risk for establishment of *Anastrepha ludens* because they do not have the combination of hosts and climatic conditions needed to support an established population of fruit flies. Nonetheless, because fruit imported on April 30 could stay in the marketplace until late May (when host material could be beginning to become available in some approved States), APHIS is revising the approved shipping season for Hass avocados imported from Mexico, as stated earlier in this document. APHIS believes that revising the shipping season, which will run from October 15 through April 15, will reduce the risk that fruit flies, if present in imported Mexican Hass avocados, could be introduced into areas with conditions suitable for even a short period of survival.

Comment: The mean maximum temperatures in Missouri and other States along the southern boundary of the proposed Hass avocado distribution area will promote fruit fly development in March. The 65 °F temperatures there are optimal for pest development, and host crops like apricots are well along in terms of development by April. These are facts confirmed with tree fruit specialists in every State along the southern boundary of the proposed shipping area.

Response: An area's mean maximum temperature is only a partial indicator of the likelihood that fruit flies can become established there. In identifying areas in the United States that are susceptible for

the establishment of *Anastrepha ludens,* the Sequeira, *et al.* study found that a given area must have adequate temperatures (including mean maximum and mean minimum temperatures), adequate hosts (in a susceptible stage), and other environmental needs (including adequate moisture and low prevalence of predators and parasites) for fruit flies to become established there.[2] Furthermore, research shows that optimal temperature for fruit fly development is not 65 °F but approximately 77 to 86 °F.[3]

APHIS does believe that States proposed for expansion of the Mexican Hass avocado import program do not have the combination of these elements needed to support the survival of fruit flies in March and April, as stated earlier in this document. We have revised the shipping season, as described earlier in this document, to reduce the possibility that imported avocados could remain in the marketplace until mid to late May, when suitable fruit fly host material is beginning to become available.

Comment: Fruit that enters the United States on April 30th would stay in the marketplace pipeline until late May, when many of the commercial crops with early bloom dates would be bearing fruit that is unquestionably susceptible to attack by fruit flies. Climatic conditions at that time of year would also be more than sufficient to support fruit fly growth and development. Only two of the proposed States (Maine and North Dakota) have mean temperatures below 60 °F in May. Most of the other States have mean temperatures that range from 60 to 70 °F or above, and according to scientific literature, the optimal temperature for survival of adult Mexican fruit flies is 59 °F.

Response: As stated in response to the previous comment, in this final rule, we have revised the shipping season to reduce the possibility that imported avocados could remain in the marketplace until mid to late May, when suitable fruit fly host material is beginning to become available. Furthermore, research shows that optimal temperature for fruit fly development is not 59 °F but approximately 77 to 86 °F.

Comment: Mean maximum temperatures during April are more than sufficient to support fruit fly development. In May, when a piece of infested fruit might still be in the market, mean temperatures are favorable across many of the approved and proposed States. According to historical records, States with mean temperatures of between 60 to 70° F in May include: Utah,Kansas, Nebraska, Missouri, Iowa, Kentucky, Indiana, Virginia, West Virginia, Maryland,Delaware, New Jersey, Minnesota, South Dakota, Wisconsin, Illinois, Michigan, Ohio,Pennsylvania, New York, Massachusetts, Connecticut, Rhode Island, and Idaho. Over the same period, States with mean temperatures above 70° F during May include Kentucky, Illinois,Virginia, West Virginia, and Missouri. There are several States where host material is available and ambient air temperatures are optimal for survival and reproduction of adult fruit flies introduced via an infested container or piece of fruit that arrives during the first 3 weeks in May. Specifically, commercial production of cherries would be well underway in Colorado, Idaho,Kansas, Utah, and Virginia. In addition, commercial peach production would have progressed substantially in Colorado, Kansas, Missouri, and Virginia by this time of year. Other crops that would be vulnerable in May include plums and prunes in Idaho, apricots and native *Prunus* spp. in Kansas, and apricots and native cherries in Missouri. Mean temperatures in all of the States listed would be optimal for adult fruit flies.

Response: The Sequeira, *et al.* study acknowledges that temperatures during late spring and summer in some of the States cited above are adequate for Mexican fruit fly development, but not establishment. APHIS believes it would be exceedingly unlikely that fruit flies would be introduced into approved States in commercial shipments of Mexican Hass avocados in such numbers that their populations would reach outbreak levels in a matter of a few months. Extended cold periods during the winter would destroy surviving stages and make establishment very unlikely. Note: The 60 to 70°F temperatures cited by the commenter are not consistent with the reported optimal developmental temperatures for Mexican fruit flies, which are 77 to 86 °F.

To further reduce the possibility that fruit flies could survive if introduced into approved States from mid- to late May, we have revised the approved avocado shipping season, as described earlier in this document.

Comment: Colorado and Utah border high-risk States where commercial oranges, grapefruit, peaches, apricots, plums, and other hosts are grown. These States are at risk for establishment of fruit flies. Will APHIS adopt a buffer zone approach for fruit flies and not just avocado-specific pests?

Response: APHIS stated in the proposed rule for this action that ''we have not proposed to allow Mexican Hass avocados to be distributed in any State that borders California, Florida, and Texas, the only U.S. States that produce avocados.'' We did not intend for this to mean that we were adopting a ''buffer zone'' approach for avocados. In fact, we proposed to expand the Mexican Hass avocado import program to include Colorado, Idaho, Iowa, Kansas, Minnesota,Missouri, Montana, Nebraska, North Dakota, South Dakota, Utah, and Wyoming because the Sequeira, *et al.* study found that each of these States has climatological conditions that put them at low risk for fruit fly establishment.

Comment: Given the maximum duration for the development of each life stage of fruit flies, as documented in the scientific literature, it appears reasonable to assume that under certain circumstances, the total preimaginal development time for the Mexican fruit fly could easily exceed 100 days. Climatic conditions and host availability in destination States are not only important at the time a shipment arrives, therefore, but also up to 100 days later. Fruit fly eggs or larvae in a piece of infested fruit that arrives in one of the proposed States in April would be capable of survival and, upon completion of their development into adults, they would emerge to find optimal climatic conditions and an ample food supply.

Response: APHIS agrees that, hypothetically, the total preimaginal development time for the Mexican fruit fly could easily exceed 100 days based on maximum durations of each life stage. However, we believe it is highly unlikely that development could

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[2] According to the following sources:

Aluja, M., J. Guillen, P. Liedo, M. Cabrera. E. Rios. 1990. ''Fruit infesting tephritids and associated parasitoids in Chiapas, Mexico.'' *Entomophaga.* 35(1): 39–48.

Celedonio-Hurtado, H., Aluja, M., Liedo, P. 1995. ''Adult population fluctuations of Anastrepha species (Diptera: Tephritidae) in tropical orchard habitats of Chiapas, Mexico.'' *Environmental Entomol.* 24(4): 861–869.

Levya-Vazquez, J.L. 1999. ''Control biologico de moscas de la fruta: uso de parasitoides.'' *Vedalia.* 6:15–21.

Thomas, D.B. 1995. ''Predation on the soil inhabiting stages of the Mexican fruit fly.'' *Southwestern Entomol.* 20(1): 61–71.

[3] According to the following sources:

Leyva-Vazquez et al. (1991),

Leyva-Vazquez, J. 1988. ''Temperatura umbral y unidades de calor requeridos por los estados inmaduros de Anastrepha ludens (Loew) (Diptera: Tephritidae).'' *Folia Entomologica Mexicana.* No. 74: 189–196.

Thomas, D.B. 1997. ''Degree day accumulations and seasonal duration of the preimaginal stages of the Mexican fruit fly.'' *Florida Entomol.* 80(1): 71–80.

actually occur across such a time span based on the simple fact that there are few hosts that would provide suitable host material for fruit fly life stages for 100 consecutive days.

Preimaginal developmental periods of more than 3 months are unlikely to occur in the case of imported avocados because fruits are perishable and not held in storage or in the commercial pathway for extended periods. APHIS believes that fruit are typically present in the commercial pathway for no more than 30 days. However, even if the flies were to emerge after a prolonged preimaginal period, when they emerge they would likely find prolonged periods where suitable hosts are absent, along with prolonged freezing conditions during the winter-time. We believe these facts make establishment of this tropical/sub tropical pest very unlikely.

Comment: Experiences in San Jose, CA, in 1980–81 proved the conclusions from the Flitters and Messenger Medfly temperature and humidity study cited by Sequeira, *et al.* to be absolutely and totally incorrect. The conclusion by Flitters and Messenger that Mexflies could not establish and maintain populations in areas such as Sebastopol, CA, is highly suspect. The importance of avoiding a ''Medfly experience'' with *Anastrepha* fruit flies, based on faulty assumptions and data, strongly suggests that new temperature and humidity studies, using improved, modern technology for laboratory work and climatic data, be conducted by ARS scientists before any expansion of the avocado import program is permitted.

Response: The research referred to above by the commenter refers to a different study by Flitters and Messenger involving Medflies that was not used as a reference by Sequeira, *et al.* It is noted in the comment that in the Medfly study, the areas of San Jose, CA, were considered low risk for Medfly establishment. In contrast to that study, the Sequeira, *et al.* study identifies most of northern California as a high risk area for the establishment of *Anastrepha ludens.*

APHIS does not believe that the Sequeira *et al.* study is an extrapolation of Flitters and Messenger.[4] Unlike Flitters and Messenger, Sequeira, *et al.* analyzed the likelihood of establishment based on the pest's requirements for survival. These requirements included: (1)Availability of hosts, (2) host presence in a susceptible condition (i.e., with susceptible fruit), (3) presence of temperatures that are above the minimum below which development does not occur, (4) absence of extended periods of freezing conditions (based on long-term climatological averages from National Oceanic and Atmospheric Administration data), and (5) other environmental needs (including adequate moisture and low prevalence of predators and parasites) for fruit flies to become established there. APHIS is confident that the findings of the study, which have been reviewed by our NAPPO counterparts in Canada and Mexico, are scientifically sound, and believes they provide adequate assurance that fruit flies could not become established in the States proposed for expansion.

Comment: USDA must recalculate the probability of detecting or failing to detect an infestation of *Anastrepha* spp. fruit flies along the Mexican avocado pathway, taking into consideration problems inherent in the fruit cutting and trapping data used as a basis for the proposed rule. This should also be done for the Sampling Analysis section of the Sequeira, *et al.* report, as well as for the Department's Supplemental Pest Risk Assessment. New Monte Carlo simulations should be run, and the resulting estimates of the frequency of a pest outbreak should be subjected to external peer review. USDA should also rerun the simulations and recalculate the possibility of an outbreak of stem weevils based upon deficiencies associated with fruit cutting conducted to detect these pests, and the documented evidence that confirms that stem weevils can be transported in fresh Hass avocados.

Response: As stated earlier in this document, APHIS is confident that fruit cutting and fruit fly trapping associated with the Mexican Hass avocado import program are being conducted properly, and are adequate to detect pests as intended. Furthermore, APHIS has not proposed to expand the program based solely on the results of fruit cutting and trapping results. Our decision to propose to expand the program was based on a number of factors, including the results of the Sequeira, *et al.* study of areas in the United States that are susceptible to establishment of *Anastrepha ludens.*

Comment: Consideration of fruit maturity is lacking from all the current risk assessment work pertaining to fruit flies and avocados. Fruit maturity is different than fruit ripeness. According to research by ARS and University of Hawaii researchers, papaya maturity is critical in determining the host susceptibility to fruit fly infestation.

Response: In laboratory tests, avocado fruit of various stages of maturity and ripeness were subjected to forced exposure to fruit flies. In these tests, fruit flies were only able to lay viable eggs that developed and produced larvae in fruit that were removed from trees and held for several days. A large volume of research has been conducted on the susceptibility of avocados to infestation by fruit flies, but little evidence that is conclusive in regard to avocados' host status.

None of this research suggests avocado maturity is more worthy of consideration than avocado ripeness in determining susceptibility to infestation with fruit flies.

Comment: Why is the ''optima'' temperature for fruit fly activity used as the benchmark in establishing the threshold for establishment of fruit flies? Given the consequences of an infestation, it would be justified to use the more conservative benchmark that incorporates minimum temperatures.

Response: The Sequeira, *et al.* study did not use temperature optima. Rather, it used a model that accounts for (1) slower rates of fruit fly development at cool temperatures down to the reported absolute minimum temperature (49 °F) at which development occurs, and (2) faster rates of development as the temperature increases. Temperatures below freezing are considered lethal for all stages. However, the Sequeira, *et al.* study used a conservative approach whereby only areas with prolonged temperatures below freezing were considered potentially lethal. Also, even though young fruit is not considered susceptible to damage, Sequeira, *et al.* used a conservative approach and considered the entire phenological period from bloom to last possible harvest as potentially susceptible. APHIS believes these approaches employ an even more conservative approach than that suggested by the commenter.

Comment: Given the obvious flaws inherent in Sequeira's extrapolation of conclusions from Flitters and Messenger (1965), USDA should conduct new laboratory research on the effects of temperature and humidity on fruit fly development and survival. Studies should take advantage of major changes and improvements in quality control and rearing technology to ensure the vigor and competitiveness of laboratory flies. Data generated can be used to calibrate developmental parameters for the Department's degree-day model, which can then be used to properly characterize all areas of the United States into risk regions.

[4] Flitters, N.E. ad P.S. Messenger. 1965. ''Effect of temperature and humidity on development and potential distribution of the Mexican fruit fly in the United States.'' *Tech. Bull.* No. 1330. USDA–ARS. 35pp.

Response: The Sequeira, *et al.* study did not extrapolate from Flitters and Messenger, although the findings of Sequeira, *et al.* agree with the results reported by Flitters and Messenger. More recent developmental studies (including Leyva-Vazquez *et al.* (1991), Leyva-Vazquez (1988), and Thomas (1997), each referenced earlier in this document) are consistent with the reports of Flitters and Messenger regarding conditions under which *Anastrepha ludens* develops. Sequeira, *et al.* used life table analyses referred to earlier in this document as the basis for the developmental model. As stated above, the developmental model was one element in a study that also evaluated host distribution, availability, susceptibility, winter-time freezing conditions, as well as the avocado pathway.

Comment: APHIS must focus on the ''introduction'' of *Anastrepha* spp. fruit flies, rather than ''establishment'' when characterizing risk. Fruit flies do not need to become established to become a quarantine risk, and a successfully introduced population can easily be transported to susceptible areas of commercial agricultural production.

Response: As stated earlier in this document, APHIS believes it would be exceedingly unlikely that fruit flies would be introduced into approved States in commercial shipments of Mexican Hass avocados in such numbers that their populations would reach outbreak levels in a matter of a few months. Nonetheless, in response to a previous comment, we are revising the approved shipping season for imported Hass avocados to run from October 15 through April 15. We believe this change will further reduce the risk that fruit flies could survive in approved distribution areas in the highly unlikely event that they are present in imported Hass avocados.

Comment: The Sequeira study should be subject to rigorous external peer review. APHIS has stated that the Sequeira study ''has undergone a sufficient internal review process to use as an aid in making a sound regulatory decision.'' Again, APHIS relied almost exclusively on its own APHIS–PPQ staff to critique a document potentially affecting thousands of stakeholders. The California Department of Food and Agriculture, citrus industry leaders in potentially affected States, researchers and entomologists in California and Florida, and many other experts were never sought out, nor were they aware of the existence of the study until a final version of it appeared on the internet.

Response: The development of the Sequeira, *et al.* study included consultation with scientists outside of APHIS and with scientists associated with Mexican and American universities. Nonetheless, APHIS believes that the rulemaking process has subjected the Sequeira, *et al.* study to a very wide peer review. The process of soliciting and responding to public comments is not limited to internal USDA input, but seeks the widest possible range of comments and questions from all interested persons. Public comments are sought to help APHIS improve and enhance its decisionmaking and the resources on which decisions are based. If commenters submit information that suggests changes to APHIS documents are necessary,APHIS evaluates the information and may or may not make changes in response. In the past, many APHIS rules and the supporting documents for them have been reviewed and enhanced based on public comments.

Comment: Where is the USDA analysis of the complete temperature model for fruit fly activity as it relates to the proposed rule change in the 12 additional States and as it relates to the 7 at-risk States?

Response: The analysis of climatology contained in the Sequeira, *et al.* study was not limited to several States but included the entire continental United States.

Comment: Statements in the Sequeira, *et al.* report regarding host phenology appear to be inconsistent with information shown in Figure 2.

Response: Sequeira, *et al.*'s approach to estimating the periods when susceptible fruit were present (generally from post-bloom to last harvest) involved queries to all PPQ State Plant Health Directors as well as State Plant Regulatory Officials. In some cases, the information was not consistent, and when responses were not obtained, Sequeira, *et al.* used available literature (sources are noted in the document). Some inconsistent reports were due to changes in regional trends. For example, Plant Regulatory Officials in San Diego tended to provide State phenologies that were more appropriate to Southern California than elsewhere. However, in the final analysis, Sequeira, *et al.* were conservative given the reported variability. Their approach was to maximize the phenology period to reflect this. For example, Sequeira, *et al.* considered California to have fruit present year-round at all locations and that this fruit is always susceptible. That, in effect, is a conservative approach because clearly there are no fruit in parts of California for varying periods of time. We have reviewed the plant phenological information used in the study and are confident that it is accurate.

Economic Issues

Comment: The economic analysis only looks at the Hass avocado market, and does not take into account the effects on consumers and producers of other varieties such as Fuerte,Pinkerton, etc. The entire U.S. avocado market would be affected by the proposed ruling and needs to be included in any analysis.

Response: The analysis assumes that consumers do not readily substitute between Hass avocados and other varieties of avocado. For that reason, the other varieties are not included in the analysis. Significant differences in price suggest a lack of substitutability. For example, during the first 8 months of the current season, the average grower price for Hass avocados was$0.73 per pound, compared to an average price for Fuerte avocados of $0.24 per pound and a combined average price of $0.22 per pound for ''other'' varieties. If Hass and non-Hass avocados were close substitutes, then such large price differences would not exist. Including all domestically produced avocados in the analysis would increase the baseline, reducing the magnitude of the estimated impacts.

Comment: The analysis is based on the 6-month period from November through April. However, avocados can be stored on trees. Therefore, harvesting can be shifted between time periods. The 60 percent of the crop that is currently shipped from May through October is an increase in the percentage that was shipped during this same time period before Mexico was granted partial access to the U.S. market. Therefore, the analysis should be done for the entire year.

Response: We consider it appropriate to base the analysis on domestic avocado shipments for the November-April period. California producers may respond to increased imports from Mexico by postponing the harvesting of a portion of their production for shipment during the peak May-October season. However, inclusion in the analysis of possible seasonal marketing adjustments would not substantially change the results of the analysis. Analyzing increased imports from Mexico in terms of year-round domestic production would simply reduce the size of expected impacts. The percentage decline in price, gains to consumers/merchandisers and losses to producers would all be smaller.

Comment: Both the national and regional models are very short-run

models that assume that the supply of avocados is fixed and, therefore, it ignores supply adjustments to falling prices. In the short run, supply is responsive to changes in prices through decisions made during harvest and at the handler level. In the long run, producers would adjust to the changes in market prices by removing land in production, causing market prices to rise. The consequence of the exclusion of a supply response in the economic model means that both the gains to consumers and the losses to producers are overestimated. Costs to handlers as a result of lower production also cannot be calculated using the USDA model.

Response: As noted by the commenter, relaxing the assumption of fixed supply would result in lower estimates of consumer/merchandiser gains and producer losses. However, the net impact of the rule would remain positive. A fixed supply is assumed in the analysis because avocado is a perennial tree crop. An avocado tree started as a nursery seedling takes 3 to 4 years to begin bearing fruit, and a tree grown from seed can take 5 to 13 years before yielding its first fruit. In the short term, producers can delay harvest in response to market conditions, although this may affect the tree's productivity in succeeding seasons. In the longer term, land may be removed from production in response to falling prices, but for other reasons as well. Bearing avocado acres in California decreased by more than 22 percent between 1987/1988 and 1999/2000, and yet over this same period levels of production and producer prices showed no discernable pattern of decline. Handlers adjust to seasonal variations in supply.

Comment: The analysis ignores the net effect of the proposed ruling to California. An analysis of Mexico's imports into the 19 northeastern States since 1997 shows that the net effect on consumer and producer welfare within California is negative, even though California consumers benefit. In addition, the decrease in producer surplus is about 10 times larger in the short run and 6 times larger in the long run than the increase in consumer surplus.

Response: During the 1999/2000 season, about 40 percent of California Hass avocado shipments remained within that State. As the commenter points out, when only California consumers/merchandisers are considered, their expected gains are outweighed by the expected losses of California's avocado producers. This consequence is predictable, given that essentially all domestically produced Hass avocados are grown in California. The Regulatory Impact Analysis examines impacts on approved and nonapproved States as defined in the rule. We do not believe a separate analysis of net impacts for California alone is appropriate.

Comment: The analysis assumes that the proposed expansion would result in an increase in imports from Mexico of 16.87 million pounds. The assumption is that Mexico would displace California shipments to the additional approved regions. This seems to be a reasonable starting point, however it is impossible to know precisely what the increase in prices will be. Therefore, a sensitivity analysis based on higher and lower levels should also be included.

Response: Whether more or less than the 16.87 million pounds of additional avocados assumed in the analysis are actually imported from Mexico, the pattern of impact remains the same: A decline in the price of avocado, with gains to consumers/merchandisers exceeding losses to domestic producers. Fewer additional imports would result in less of an effect on price, and smaller losses and gains; a larger increase in imports would mean a larger price effect, and larger losses and gains. Assuming the same price elasticities of supply and demand, the net impact is positive in all cases. For example, using the national model, additional imports of 10 million pounds would result in a price decline of 7 percent, with consumer/merchandiser gains of $16.1 million and producer losses of $10.6 million; additional imports of 40 million pounds would lead to a price decline of 28 percent, with consumer/merchandiser gains of $70.0 million and producer losses of $42.5 million.

Comment: The elasticity of demand used in the Regulatory Impact Analysis is −0.86 for Hass avocados, a number similar to the one estimated by Carmen and Craft for the entire California avocado market. Using techniques developed by Armington, the elasticity of demand for only Hass avocados is estimated at −1.2. The analysis correctly states that if demand is more elastic, then the costs to producers will decrease. However, the gains to consumers will also decrease and that is missing from the analysis.

Response: The magnitude of estimated impacts depends on the size of the elasticities. If a price elasticity of demand of −1.2 is assumed instead of −0.86, and the price elasticity of supply is kept at zero, the national model shows a price decline of 8.6 percent (compared to 12 percent), producer losses of $12.8 million (compared to $17.9 million) and consumer/merchandiser gains of $19.8 million (compared to $27.6 million), for a net benefit of $7.0 million (compared to $9.7 million). These results, as well as those for the regional model when assuming a price elasticity of −1.2, are shown in an addendum to the Regulatory Impact Analysis. Both merchandiser/consumer benefits and producer losses would be smaller, assuming a price elasticity of demand of −1.2 rather than of −0.86, but the net impact remains positive.

Comment: The analysis notes that average total shipments of California Hass avocados for the 1999–2000 season were 20 percent greater than shipments between the 1986 and 1994 seasons. However, average shipments between the 1997 and 2000 seasons were 12 percent lower than shipments between the 1994 and 1996 seasons, the period just prior to Mexican Hass avocado imports.

Response: We do not have data for domestic shipments during the 1994/1995 and 1995/1996 seasons. Quantities of avocados shipped during the 1999/2000 season to the approved and nonapproved States are the basis for the assumed level of additional avocado imports from Mexico. As indicated in response to other comments, whether a larger or smaller quantity of imports is assumed, the direction of the effects is the same: Price falls, with consumer/merchandiser gains and domestic producer losses resulting in a net positive impact. Shipment levels fluctuate from year to year, as do production levels and farm prices. Although California's avocado acreage has been in decline since the late 1980s, crop values (price times quantity produced) have trended upward. Crop values over the 4-year period 1996/97 through 1999/2000 were higher than at any previous time.

Comment: The analysis discusses the decrease in shipments of California Hass avocados and increase in prices since Hass avocado imports have begun. It does not mention the establishment of an exotic pest, avocado thrips, that has reduced marketable yields and increased costs of production during this same time period.

Response: The purpose of the economic analysis, as required by Executive Order 12866, is to evaluate the impact of the rule on U.S. entities. The analysis should include factors affecting the rule or influenced by the rule. Establishment of avocado thrips in California occurred independently of avocado imports from Mexico. This pest's impact in California is not directly pertinent to the analysis. Effects of additional imports from Mexico are

estimated without reference to production costs or yields.

Comment: The analysis lacks an estimate of the expected costs to consumers and producers should an exotic pest become established in the United States as a result of Mexican Hass avocado imports. An economic analysis of the effects of avocado thrips becoming established in California shows a decrease in avocado consumer and producer welfare since the 1997 season, even though increased imports from Mexico have benefitted consumers. While a risk analysis would be difficult at this time given that many avocado pests are undescribed or their impact unknown, the potential costs need to be addressed in some manner. This is especially important for the regional analysis. The regional analysis assumes the existence of a price discrepancy between the approved and non-approved regions. As the price discrepancy increases, the risk of non-compliance with APHIS regulations increases, increasing the risk of an exotic pest becoming established.

Response: The Regulatory Impact Analysis estimates annual net benefits that can be expected to result from this rule. The cost of a possible pest introduction would depend upon its likelihood of occurrence, and upon the reduction in yields and increase in production costs that would ensue. The introduction of a pest or disease would adversely affect the economic health of the avocado industry. However, for the purposes of our analysis, the likelihood of such an event must be weighed against the certainty of the trade effects. As APHIS has concluded that the introduction of plant pests is extremely unlikely, we believe that consideration of the costs of pest introduction would not substantively change the findings of our analysis. APHIS conducts economic analyses for import-related rulemaking using the assumption that the importation of a particular plant/plant product (or animal/animal product, for that matter) will not result in the introduction of pests or diseases; indeed, the prevention of such introductions is a primary goal of those rulemakings. APHIS does, however, routinely attempt to quantify, to the extent possible, the size (in dollar terms) of the domestic industry that stands to be affected by a rulemaking. In this instance, impacts on California avocado producers have been examined in terms of additional avocado imports from Mexico.

Comment: USDA should establish a mechanism to compensate U.S. growers who suffer economic losses attributable to pests imported with Mexican Hass avocados. What mechanisms are planned, and how will they be funded?

Response: The USDA's authority for the payment of compensation is found in § 415 of the Plant Protection Act, which provides that the Secretary may pay compensation to any person for economic losses incurred by the person as a result of action taken by the Secretary pursuant to a declaration of extraordinary emergency. The Secretary may determine that an extraordinary emergency exists because of the presence of a plant pest or noxious weed that is new to or not known to be widely prevalent in or distributed within and throughout the United States and that the presence of the plant pest or noxious weed threatens plants or plant products of the United States.

Environmental Assessment

Comment: The environmental assessment for the proposed rule does not address the fact that shippers have an economic incentive to develop mechanisms to smuggle avocados into areas outside the approved distribution area.

Response: APHIS believes that the restrictions imposed under the systems approach regulations discourage the smuggling of avocados into nonapproved areas. As stated earlier in this document, the time and effort involved in repackaging and restickering Mexican Hass avocados would likely negate the incentive to smuggle them. Further, persons who move Hass avocados into nonapproved areas are subject to prosecution, and if convicted, face civil and criminal penalties. In addition, in the 4 years since the Mexican Hass avocado import program began, APHIS believes that only 0.11 percent of the boxes of imported Mexican avocados were shipped outside the approved distribution area.

Based on these figures, APHIS believes that the chance that imported Mexican Hass avocados could be moved to nonapproved States is very remote. Further, even if imported Hass avocados were moved to nonapproved areas, it is even more unlikely that they would contain pests. The National Environmental Policy Act of 1969 (NEPA), as amended (42 U.S.C. 4321 *et seq*.) does not require consideration of remote and speculative risks in the development of an environmental assessment. Therefore, we see no need to revise our environmental assessment.

Comment: San Diego County, CA, has the highest number of threatened or endangered species of any county in the United States. The county has a large number of growers who practice integrated pest management, and has in excess of 300 registered organic agricultural producers. The potential impact of increased pesticide use resulting from an eradication program in the county would be tremendous. The environmental assessment should take these impacts into consideration.

Response: The concern of environmental impacts on threatened and endangered species was noted in the preparation of the environmental assessment as it applies to the proposed rule for the Mexican Hass avocado import program expansion and its limited distribution area. San Diego County is not listed as one of the distribution areas in the proposed rule and, therefore, was not considered in assessing environmental impacts to threatened and endangered species. If, in the future, APHIS proposes to include San Diego County, an environmental assessment or environmental impact statement (EIS) would be required to address all environmental issues, including threatened and endangered species.

Comment: Executive Order 12898 requires that in complying with NEPA, agencies shall include an analysis of environmental effects, including health, economic, and social factors. APHIS's environmental assessment does not meet NEPA requirements in that it does not consider economic or social factors.

Response: Section 1508.9(a) of NEPA states, in part, that an environmental assessment is a concise public document that serves to ''(1) [b]riefly provide sufficient evidence for determining whether to prepare an environmental impact statement; (2) [a]id an agency's compliance with the [National Environmental Policy] Act when no environmental impact statement is necessary, and (3) [f]acilitate preparation of a statement when one is necessary.'' Because an environmental assessment is a concise document, it should not contain lengthy descriptions of information gathered for the environmental assessment. The analysis in the environmental assessment considered the potential for effects on the natural and physical environment from the proposed action and also, in accordance with Executive Order 12898, the potential for disproportionate human health effects on low-income populations and minority populations from the proposed action. The analysis concluded that the expansion of the distribution of Hass avocados will not result in adverse human health or environmental effects.

Section 1508.14 of NEPA specifies ''when an environmental impact statement is prepared and economic or

social and natural and physical environmental effects are interrelated, then the environmental impact statement will discuss all of these effects on the human environment.'' Therefore, an environmental assessment is not required to discuss social and economic impacts of a proposed action; however if, after the analysis is completed for an environmental assessment, the decisionmaker cannot arrive at a finding of no significant impact, then it would be appropriate to consider social and economic factors, as they interrelate with the natural and physical environmental effects, in the EIS.

Comment: The first environmental assessment for the Mexican Hass avocado import program provided for the establishment of the program based upon a scientific assessment of pest biology, host range, and climatic factors. The current assessment discounts the science of the initial environmental assessment and eliminates the no action alternative based on trade issues. Where does APHIS provide the information required by NEPA for discussing elimination of the no action alternative?

Response: The environmental assessment considered three alternatives for the proposed action: (1) Change the Fruits and Vegetables regulations to add 12 States to the distribution area and extend the shipping season by 2 months (March and April),[5] (2) no action, which would not change the current distribution area or months of distribution, and (3) change the Fruits and Vegetable regulations to expand the distribution to all 50 States and the District of Columbia and provide for year-round distribution. Alternative 3 was dismissed from further consideration because of the risks associated with possible establishment of quarantine pests, as determined by pest risk assessment. Alternative 2 (no action) was dismissed from further consideration because (1) pest risk assessment documents produced by APHIS found that the risk posed by expanded importation of Mexican Hass avocados is negligible, and (2) under international trade agreements, APHIS is obligated to allow the importation of commodities if their importation presents a negligible risk of pest introduction. This information is stated on page 3 of the environmental assessment.

Comment: The consequences of introducing a new pest into the United States are not adequately addressed in the environmental assessment, and the assessment's conclusion that ''the risk to the quality of the human environment [under the program expansion] is insignificant'' is incorrect. A full environmental impact statement should be prepared.

Response: The environmental assessment considers, refers to, and incorporates by reference the risk assessment and subsequent documents updating the assessment that were prepared specifically for the importation of Mexican Hass avocados and analysis of selected pathways. The environmental assessment also incorporates by reference the Sequeira, *et al.* study, which assesses the risk associated with the establishment of *Anastrepha ludens* fruit flies in the United States, especially in relation to these pests as they occur in U.S. avocado imports from Mexico. The study used the following approach factors to determine the pest risks: (1) Examine the resource at risk (commercial fruit production), (2) characterize host susceptibility (timing and location of susceptible fruit), and (3) characterize climatology for the purpose of studying pest reproduction potential as a function of the previous factors. The study also used the avocado pathway as a case study for the risks associated with fruit imports. In determining the probability that fruit flies are getting through undetected along the pathway, the case study used evidence from ongoing sampling and recorded information since the initiation of the avocado export program.

Epidemiologically, the Sequeira, *et al.* study concludes that both the Hass avocado's status as a poor to inadequate host and marginal developmental conditions lead to low production area fruit fly densities. According to the statistical findings of the study, the probability that fruit fly infestations—even very low-level infestations—remain undetected in inspections under the current export program is close to zero.

Based on the findings of these scientific assessments, increased imports of Hass avocados from Michoacan, Mexico, will not significantly impact the human environment; thus, the preparation of an EIS is not required for this proposed action.

Miscellaneous

Under the regulations, imported Mexican Hass avocados must be packed in clean, new boxes that are clearly marked with the identity of the grower, packinghouse, and exporter, and a statement listing the States in which distribution of the avocados is prohibited. In this document, we are revising the regulations to allow imported Mexican Hass avocados to, alternatively, be packed in clean plastic reusable crates. The clean plastic reusable crates will be required to be marked with the same information as is required on clean new boxes. We are making this change because it could reduce unnecessary waste while continuing to provide that imported Mexican avocados are packaged in boxes that, in and of themselves, do not present a risk of introducing fruit flies or other plant pests into the United States.

Therefore, for the reasons given in the proposed rule and in this document, we are adopting the proposed rule as a final rule, with the changes discussed in this document.

Effective Date

This is a substantive rule that relieves restrictions and, pursuant to the provisions of 5 U.S.C. 553, may be made effective less than 30 days after publication in the **Federal Register**.

We are taking this action in response to a request from the Government of Mexico and after determining that expanding the current Mexican avocado import program would present a negligible risk of introducing plant pests into the United States.

Immediate implementation of this rule is necessary to provide relief to those persons who are adversely affected by restrictions we no longer find warranted. Under the regulations, the shipping season for Mexican Hass avocados begins October 15, 2001. Making this rule effective immediately will allow interested persons to begin shipping Hass avocados to certain areas of the United States as soon as possible after that date. Therefore, the Administrator of the Animal and Plant Health Inspection Service has determined that this rule should be effective less than 30 days after publication.

Executive Order 12866 and Regulatory Flexibility Act

This rule has been reviewed under Executive Order 12866. The rule has been determined to be significant for the purposes of Executive Order 12866 and, therefore, has been reviewed by the Office of Management and Budget.

For this rule, we have prepared a regulatory impact analysis. The regulatory impact analysis also contains a final regulatory flexibility analysis, which considers the potential economic effects of this final rule on small

[5] The environmental assessment has since been revised to reflect the change in the shipping season described earlier in this document.

entities, as required under 5 U.S.C. 604. The regulatory impact analysis and regulatory flexibility analysis are summarized below. Copies of the full analysis are available by contacting the person listed under **FOR FURTHER INFORMATION CONTACT**, or on the Internet at http://www.aphis.usda.gov/ppq/avocados/.

Under the Plant Protection Act (7 U.S.C. 7701–7772), the Secretary of Agriculture is authorized to regulate the importation of plants, plant products, and other articles to prevent the introduction of injurious plant pests.

Summary of Regulatory Impact Analysis

Our analysis considers economic impacts on U.S. producers and consumers/ merchandisers of Hass avocados that could result from allowing fresh Hass avocados from Michoacan, Mexico, to be imported into additional areas of the United States and over a longer period each year than is currently allowed. Since the 1997/98 season, imports of avocados from approved orchards in Michoacan, Mexico, have been allowed to be imported into the United States and distributed in Connecticut, Delaware, the District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, and Wisconsin during the months of November through February. Under this final rule, distribution will be expanded to include the States of Colorado, Idaho, Iowa, Kansas, Minnesota, Missouri, Montana, Nebraska,North Dakota, South Dakota, Utah, and Wyoming. The shipping season will also be expanded to run from October 15 through April 15.

We are taking this action in response to a request from the government of Mexico, and after determining that this action would present a negligible risk of introducing plant pests into the United States.

Impacts on U.S. producers and consumers/merchandisers will derive from the increased supply of Hass avocados from Mexico and concomitant price declines. Essentially all domestically produced Hass avocados are grown in California. U.S. producers and California producers are therefore used interchangeably in the analysis. The 1997 rule that first allowed for the importation of Mexican Hass avocados to 19 States and the District of Columbia resulted in a redistribution of California-grown Hass avocados from markets in the approved States during the months that imports are allowed from Mexico. This final rule is expected to have a similar effect. Anecdotal evidence suggests that benefits resulting from the previous regulations have been largely realized at the wholesale level, and discussion of consumer gains therefore includes explicit reference to merchandisers as well.

In our analysis, we use two models to estimate impacts. The first is a nationwide model that does not distinguish between the approved and nonapproved States. The rationale underlying this model is that given sufficient time, a single price for avocados would obtain in the two regions. Although Mexico's supply is restricted to the approved States for specified months of the year, California and other foreign suppliers can move in and out of the two markets, and would do so in search of profits until prices in the approved and nonapproved States essentially equalize.

The second model explicitly recognizes the approved and nonapproved States as two regions. Estimated economic losses include direct market loss for California producers in approved States, and losses related to increased supply in nonapproved States, as the diversion of California Hass avocados from approved to nonapproved States depresses prices. Consumers/merchandisers would be expected to gain in both approved and nonapproved States from the lower prices. A theoretical limitation of the regional model, in contrast to the national model, is the assumed maintenance of a price differential between the approved and nonapproved States.

Both models use a partial equilibrium economic surplus framework to consider the benefits and costs of the final rule. Potential producer losses and consumer/merchandiser gains are quantified in terms of changes in producer and consumer surplus resulting from the increased imports expected from Mexico. To simplify the analysis, the demand curve is assumed to be of constant elasticity while U.S. supply is assumed to be fixed. The supply curve is assumed to be vertical at least in the short run, that is, supply is perfectly inelastic and does not respond to changes in price.

In the national model, additional Hass avocado imports from Mexico totaling 16.87 million pounds are estimated to result in a 12 percent drop in the wholesale price, from $1.34 per pound to $1.18 per pound. Consumers/ merchandisers would gain by $27.65 million per year and California Hass avocado producers would lose by $17.93 million per year, for a net benefit of $9.72 million per year.

In the regional model, the same level of additional Mexican Hass avocado imports is assumed (16.87 million pounds), an amount equivalent to the maximum quantity assumed could be wholly diverted from approved to nonapproved States. Impacts are examined using three scenarios. In the first scenario, 70 percent of California Hass avocados that would otherwise be sold in the approved States are diverted to nonapproved States; in the second scenario, 85 percent are diverted; and in the third scenario, 100 percent are diverted. The 85 percent diversion scenario is considered representative of what is most likely to occur, given historic changes in quantities of California Hass avocados shipped to the existing approved States due to Mexican imports.

The first scenario of the regional model (70 percent diversion) would mean 6.07 million pounds of California Hass avocados remain in the approved States, and 11.81 million pounds are diverted to the nonapproved States. The additional supply of Mexican Hass avocados results in a price decline that benefits consumers/merchandisers in the approved States by $10.12 million per year. California producers whose Hass avocados are sold in the approved States face a revenue loss of $17.15 million per year. The net loss in the approved States is $7.03 million per year.

In the nonapproved States, the 11.81 million pounds of California Hass avocados diverted from the approved States result in a price decline that causes a revenue loss of $0.35 million per year for California producers. Consumers/merchandisers in the nonapproved States benefit by $19.31 million per year, for a net benefit of $18.96 million per year.

Net losses in the approved States ($7.03 million per year) and net gains in the nonapproved States ($18.96 million per year) yield an overall net gain of $11.94 million per year in the first scenario.

The second scenario (85 percent diversion) yields producers losses and Consumer/merchandiser gains comparable to the first one. Net losses in the approved States ($13.93 million per year) and net benefits in the nonapproved States ($22.79 million per year) combine for an overall net gain estimated at $8.87 million per year.

In the third scenario (100 percent diversion), 16.87 million pounds of California Hass avocados are diverted to the nonapproved States. Net losses in the approved States ($21.05 million per

year) and net gains in the nonapproved States ($26.54 million per year) yield a combined net benefit of $5.50 million per year.

In sum, impacts of the final rule for U.S. producers and consumers/merchandisers range from net benefits of $11.94 million per year for the 70 percent diversion scenario and $8.87 million per year for the 85 percent diversion scenario, to $5.50 million per year for the 100 percent diversion scenario. The net benefit estimated using the national model, $9.72 million per year, is contained within this range. The overall impact in all cases is minor. In the event the price elasticity of demand is larger than that used in this analysis (−0.86), losses to California producers will be less than those calculated, but the net impact remains positive. Another factor that could reduce losses to California producers would be activities to increase the demand for Hass avocados, that is, activities would increase sales at any given price.

Summary of Final Regulatory Flexibility Analysis

The Regulatory Flexibility Act requires that impacts on small entities be taken into consideration in rulemaking, to ensure that such businesses are not disproportionately burdened. There are about 6,000 producers and 100 handlers of Hass avocados in southwestern California that could be affected by this rule, as well as about 200 importers. APHIS has been unable to obtain information on the size distribution of affected avocado producers. For the purposes of our analysis, we assume that the size distribution of the 6,000 producers is the same as the size distribution of avocado farms reported in the 1997 Census of Agriculture; that is, 98 percent are small entities ($750,000 or less in annual receipts). Most avocado importers are reportedly also small entities (100 or fewer employees), while most Hass avocado handlers are large (more than $5 million in annual receipts). Given the declines in revenue that are described in the three scenarios of the regional model, average annual losses for small-entity California Hass avocado producers could range between $1,870 and $2,593. This impact could prove significant if producers rely upon Hass avocado production as their principal source of income.

Two variations of the regional model are presented as examples of modifications to the rule that would mitigate adverse impacts on small-entity California Hass avocado producers. Alternative A would extend the 4-month period of import by 2 months, March and April, but would not expand the number of approved States. Alternative B would maintain the current 4-month period of import, but would expand the number of approved States. For both alternatives, losses to California's Hass avocado producers would be less than were calculated for the proposed rule. Under the 85 percent diversion scenario, California producer losses would be $12.46 million per year and $2.50 million per year for alternatives A and B, respectively, compared to an annual producer loss of $20.55 million under the proposed rule. However, consumer/merchandiser gains would also be reduced in both cases. Annual net benefits are estimated to be $6.52 million per year for alternative A and $3.67 million per year for alternative B, compared to $8.87 million per year for the proposed rule.

There are no other rules that would overlap, duplicate, or conflict with this final rule.

This final rule contains information collection requirements, which have been approved by the Office of Management and Budget (see ''Paperwork Reduction Act'' below).

Executive Order 12988

This final rule allows Hass avocados to be imported into certain areas of the United States from Michoacan, Mexico. State and local laws and regulations regarding Hass avocados imported under this rule will be preempted while the fruit is in foreign commerce. Fresh Hass avocados are generally imported for immediate distribution and sale to the consuming public, and remain in foreign commerce until sold to the ultimate consumer. The question of when foreign commerce ceases in other cases must be addressed on a case-by-case basis. No retroactive effect will be given to this rule, and this rule will not require administrative proceedings before parties may file suit in court challenging this rule.

National Environmental Policy Act

An environmental assessment and finding of no significant impact have been prepared for this final rule. The assessment provides a basis for the conclusion that the importation of Hass avocados from Mexico under the conditions specified in this rule will not present a risk of introducing or disseminating plant pests and will not have a significant impact on the quality of the human environment. Based on the finding of no significant impact, the Administrator of the Animal and Plant Health Inspection Service has determined that an environmental impact statement need not be prepared.

The environmental assessment and finding of no significant impact were prepared in accordance with: (1) The National Environmental Policy Act of 1969 (NEPA), as amended (42 U.S.C. 4321 *et seq.*), (2) regulations of the Council on Environmental Quality for implementing the procedural provisions of NEPA (40 CFR parts 1500–1508), (3) USDA regulations implementing NEPA (7 CFR part 1b), and (4) APHIS's NEPA Implementing Procedures (7 CFR part 372).

Copies of the environmental assessment and finding of no significant impact are available for public inspection at USDA, room 1141, South Building, 14th Street and Independence Avenue SW., Washington, DC between 8 a.m. and 4:30 p.m., Monday through Friday, except holidays. Persons wishing to inspect copies are requested to call ahead on (202) 690–2817 to facilitate entry into the reading room. In addition, copies may be obtained by writing to the individual listed under **FOR FURTHER INFORMATION CONTACT**, and on the Internet at: *http://www.aphis.usda.gov/ppq/avocados/.*

Paperwork Reduction Act

In accordance with the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*), the information collection or recordkeeping requirements included in this rule have been approved by the Office of Management and Budget (OMB) under OMB control number 0579–0129.

List of Subjects in 7 CFR Part 319

Bees, Coffee, Cotton, Fruits, Honey, Imports, Logs, Nursery Stock, Plant diseases and pests, Quarantine, Reporting and recordkeeping requirements, Rice, Vegetables.

Accordingly, we are amending 7 CFR part 319 as follows:

PART 319—FOREIGN QUARANTINE NOTICES

1. The authority citation for part 319 continues to read as follows:

Authority: 7 U.S.C. 166, 450, 7711–7714, 7718, 7731, 7732, and 7751–7754; 21 U.S.C. 136 and 136a; 7 CFR 2.22, 2.80, and 371.3.

2. Section 319.56–2ff is amended as follows:

a. By revising the section heading, the introductory text, and paragraphs (a)(2), (a)(3), and (c)(3)(vii).

b. In paragraphs (e)(2) and (e)(3), by removing the words ''November through February'' each time they appear and adding the words ''October 15 through April 15'' in their place.

c. By revising paragraphs (f)(1), (g), and (i).

§ 319.56–2ff Administrative instructions governing movement of Hass avocados from Michoacan, Mexico, to approved States.

Fresh Hass variety avocados (*Persea americana*) may be imported from Michoacan, Mexico, into the United States for distribution in approved States only under a permit issued in accordance with § 319.56–4, and only under the following conditions:

(a) * * *

(2) The avocados may be imported only between October 15 and April 15 of the following year; and

(3) The avocados may be distributed only in the following States: Colorado, Connecticut, Delaware, the District of Columbia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, New Hampshire, New Jersey, New York, North Dakota, Ohio, Pennsylvania, Rhode Island, South Dakota, Utah, Vermont, Virginia, West Virginia, Wisconsin, and Wyoming.

* * * * *

(c) * * *

(3) * * *

(vii) The avocados must be packed in clean, new boxes, or clean plastic reusable crates. The boxes or crates must be clearly marked with the identity of the grower, packinghouse, and exporter, and the statement ''Not for distribution in AL, AK, AZ, AR, CA, FL, GA, HI, LA, MS, NV, NM, NC, OK, OR, SC, TN, TX, WA, Puerto Rico, and all other U.S. Territories.''

* * * * *

(f) * * *

(1) Any port located in a State specified in paragraph (a)(3) of this section;

* * * * *

(g) *Shipping areas.* (1) Except as explained below in paragraph (g)(3) for avocados that enter the United States at Nogales, AZ, avocados moved by truck or rail car may transit only that area of the United States bounded as follows:

(i) On the east and south by a line extending from Brownsville, TX, to Galveston, TX, to Kinder, LA, to Memphis, TN, to Knoxville, TN, following Interstate 40 to Raleigh, NC, and due east from Raleigh, and

(ii) On the west by following Interstate 10 North from El Paso, TX, to Las Cruces, NM, and north following Interstate 25 to the Colorado border, then west along Colorado and Utah's southern borders, then north along Utah's western border, then west along Idaho's southern border and north along Idaho's western border to the border with Canada.

(2) All cities on the boundary lines described in paragraph (g)(1) are included in this shipping area. If the avocados are moved by air, the aircraft may not land outside this shipping area.

(3) Avocados that enter the United States at Nogales, AZ, must be moved to Las Cruces, NM, by the route specified on the permit, and then must remain within the shipping area described above in this paragraph.

* * * * *

(i) *Inspection.* The avocados are subject to inspection by an inspector at the port of first arrival, at any stops in the United States en route to an approved State, and upon arrival at the terminal market in the approved States. At the port of first arrival, an inspector will sample and cut avocados from each shipment to detect pest infestation.

* * * * *

Done in Washington, DC, this 29th day of October 2001.

James G. Butler,

Acting Under Secretary for Marketing and Regulatory Programs, USDA.

[FR Doc. 01–27485 Filed 10–31–01; 8:45 am]

BILLING CODE 3410–34–U

Federal Register

Thursday,
November 1, 2001

Part VI

Department of Transportation

Office of the Secretary

14 CFR Part 330

Procedures for Compensation of Air Carriers; Correction; Final Rule

DEPARTMENT OF TRANSPORTATION

Office of the Secretary

14 CFR Part 330

[Docket OST–2001–10885]

RIN 2105–AD06

Procedures for Compensation of Air Carriers

Correction

In rule document 01–27177 beginning on page 54615 in the issue of Monday, October 29, 2001, the **Federal Register** inadvertently dropped the word ''not'' in an eligibility section of the rule in the course of editing and printing the document. This error made it appear that certain parties were eligible for government compensation when in fact the rule as drafted specifies the contrary. As a result, make the following correction:

PART 330—[CORRECTED]

On page 54622 in the first column, in the eighth line, insert the word ''not'' after ''operator), you are''. As corrected, section 330.11 reads as follows:

§ 330.11 Which carriers are eligible to apply for compensation under this part?

(a) If you are a certificated air carrier, a commuter air carrier, or an air taxi, you are eligible to apply for compensation under Subpart B of this part.

(b) If you are an air freight forwarder (as described in 14 CFR part 296), public charter operator (as described in 14 CFR part 380), or other indirect air carrier (such as a contract bulk fare operator), you are not eligible to apply for compensation under this part.

(c) If you are a foreign air carrier, commercial operator, flying club, fractional owner, general aviation operator, fixed base operator, flight school, or ticket agent, you are not eligible to apply for compensation under this part.

[FR Doc. C1–27177 Filed 10–31–01; 2:24 pm]

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CFR PARTS AFFECTED DURING NOVEMBER

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REMINDERS

The items in this list were editorially compiled as an aid to Federal Register users. Inclusion or exclusion from this list has no legal significance.

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Northeastern United States fisheries—
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Listing standards and conditions for trading; published 11-1-01

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S. 1465/P.L. 107–57

To authorize the President to exercise waivers of foreign assistance restrictions with respect to Pakistan through September 30, 2003, and for other purposes. (Oct. 27, 2001; 115 Stat. 403)

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A new table will be published in the first issue of each month.

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